HARRISBURG SCHOOL DISTRICT **NON-PUBLIC PA-8**

ENROLLMENT REGISTRATION FORM FOR TRANSPORTATION

	INFORM	ATIONAL		
STUDENT NAME	LAST	FIRST	MIDDLE	
PARENT NAME	LAST	- FII	RST	
STUDENT'S BIRTH	HDATE / MONTH DAY	/ YEAR		
RACIAL CODE				
HOME PHONE		CELL P	CELL PHONE	
SCHOOL NUMBER	R/NAME () # SCHOOL	. NAME		
ENTRY CODE		DATE OF EN	TRY	
○ AM ONLY TRANSPORTATION		OPM ONLY TRANSPORTATION		
O BOTH AM/PM TRANSPORTATION		O NO TRANSPORTATION NEEDED		
FORM COMPLETED BY			DATE	
	FOR TRANSPORTA	TION USE ONL	.Y:	
BUS NU	JMBER	_		
STOP L	OCATION			
PICK UP TIME		AN	Л	

- 3. School Name Fill in School Name Do not write in brackets

FORWARD DIRECTLY TO:

HARRISBURG SCHOOL DISTRICT **TRANSPORTATION** 2101 N FRONT ST HARRISBURG, PA 17110 OR

FAX TO: (717) 703-4105