



2017-18 STUDENT INFORMATION SHEET AND TRANSPORTATION REQUEST FORM/NON-PUBLIC

FOR DISTRIBUTION TO ALL PALISADES RESIDENTS ENROLLING IN NON-PUBLIC SCHOOL WHO
MAY BE ELIGIBLE FOR TRANSPORTATION (Even if no transportation is being requested)

Dear Parent or Guardian;

The Palisades School District provides transportation for non-public school children pursuant to Pennsylvania State Law. Transportation will be provided to and from an accredited non-public school that is located no more than ten (10) miles from the Palisades School District boundaries. If you believe you are eligible for transportation and desire to have it provided for the upcoming school term, **please fill out this form and return it to your school immediately**. The school will forward all requests to the Palisades School District Transportation Director. Your cooperation in providing complete answers and all information requested will help us to provide the best possible transportation service to all Palisades residents.

Thank you, Gerry Giarratana, Transportation Director

REQUEST FOR TRANSPORTATION / STUDENT INFORMATION – ACT #372

Complete a **separate form for each child** eligible for transportation for school year **2017-18**. Please provide **all** information.

STUDENT INFORMATION: Name _____ D.O.B. ____/____/____

Previous School Attended (16-17) _____ Grade(**2017-18**) _____ Age _____

Mailing Address _____
(Street No. & Name/P.O. Box) (Town) (State) (Zip Code)

Residence Location _____
(Street No.) (Street Name) (Township/Borough)

SCHOOL INFO: Name of school to be attended (**2017-2018**) _____
Address _____ Phone: _____

TRANSPORTATION INFORMATION:

Student requires transportation for **2016-17** from Palisades School District: **YES** ___ **NO** ___ Effective Date: ____/____/____

If **YES**: ___ This student has never received transportation from Palisades School District.

___ This student received transportation last year from Palisades School District. ___ **New Address since 6/15/17**

Previous(16-17)School _____ Bus # _____ Stop Location _____

___ This student has special needs due to physical limitations _____

If **NO**: ___ Student will be transported to and from school by family or friends. AND /OR ___ Student will drive to school.

Please use the reverse side of this form to indicate any medical or personal information you wish to share that could be helpful to the driver or to Emergency personnel in the event of an emergency. All information will be considered confidential and shared on a need-to-know basis only. **ADDITIONAL INFORMATION ON REVERSE** ___ YES ___ NO

EMERGENCY INFORMATION

Mother/Name: _____ Father/Name: _____

Phone: (Home) _____ (Work) _____ Phone: (Home) _____ (Work) _____

(Cell) _____ (Pager) _____ (Cell) _____ (Pager) _____

Emergency contact: _____ Phone: _____

Date: _____ Parent/Guardian Signature: _____
Print Name: _____

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