



# Eastern York School District

120 South 3<sup>rd</sup> Street  
P.O. Box 150  
Wrightsville, PA 17368

(717) 252-1555 (Phone)  
(717) 478-6000 (Fax)

**STRIVING FOR EXCELLENCE**

## NON-PUBLIC SCHOOL STUDENT REQUEST FOR TRANSPORTATION

Please provide Eastern York School District with the following attendance and transportation information for all students attending non-public school for the 2019-2020 school year who are residents of our district. Students must be residents of Eastern York School District to ride our buses at any time.

**Please return this form by June 15, 2019.** Thank you for your cooperation.

STUDENT'S FULL LEGAL NAME: _____			
(First)		(Middle)	
(Last & Jr., III...)			
GENDER: M / F	BIRTH DATE: / /	GRADE FOR 18/19 SCHOOL YEAR:	
ADDRESS:			
CITY & STATE:		ZIP CODE:	
SCHOOL CHILD WILL ATTEND:			
Parent/Guardian #1 NAME:			
Parent/Guardian #1 PHONE:		Parent/Guardian #1 EMAIL:	
Parent/Guardian #2 NAME:			
Parent/Guardian #2 PHONE:		Parent/Guardian #2 EMAIL:	
Emergency Contact NAME:		Emergency Contact PHONE:	
I am a resident of Eastern York School District and request transportation to the above mentioned private school. I desire transportation for my child in the:			
Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>
Both AM & PM	<input type="checkbox"/>	NO TRANSPORTATION NEEDED	<input type="checkbox"/>
Student rode on Eastern York School District transportation in 2018-2019		Yes	No
In the AM, will the student be dropped off at the MS or picked up at a home stop:		Middle School	Home
PARENT/GUARDIAN SIGNATURE:			

### To be filled out by Non-Public School:

This is to certify that the above named student is enrolled in your school and you have verified the above mentioned address			
PRINCIPAL/DESIGNEE'S SIGNATURE:			
NAME OF SCHOOL:			
EMAIL:		PHONE:	
START DATE:	Drop Off Times:	Pick Up Times:	