

Eastern York School District

120 South 3rd 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 each & all students attending non-public school for the 2021-2022 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, 2021. Thank you for your cooperation.

TUDENT'S FULL LEGAL NAME:		(First	t)	(Middle)		(Last & Jr., III)	
ENDER: M /F BIF	RTH DATE:	/	/	GRADE FOR 21/	22 SCHOOL YEAR:		
DDRESS:							
CITY & STATE:				ZIP CODE:			
CHOOL CHILD WILL AT	rend:						
arent/Guardian #1 NAM	E:						
Parent/Guardian #1 PHONE:				Parent/Guardian #1 EMAIL:			
arent/Guardian #2 NAM	E:					***************************************	
arent/Guardian #2 PHONE:				Parent/Guardian #2 EMAIL:			
mergency Contact NAME:				Emergency Contact PHONE:			
am a resident of Easter ransportation for my chi		strict and	request trai	nsportation to the abo	ove mentioned private so	chool. I desire	
Morning	Morning Afternoon Both			AM & PM	NO TRANSPORTATION NEEDED		
tudent rode on Eastern	 York School Disti	rict transp	ortation in :	2020-2021	Yes	No	
n the AM, will the student be dropped off at the MS or picked the home:				up at a stop near	Middle School	Home	
ARENT/GUARDIAN SIGN	IATURE:						
NBC_1000000000000000000000000000000000000			······································			**************************************	
be filled out by I	Non-Public S	chool:					
his is to certify that the	above named stu	udent is er	nrolled in yo	our school and you ha	ave verified the above m	entioned address	
RINCIPAL/DESIGNEE'S	SIGNATURE:	Adri	enne	. K. Seufert			
AME OF SCHOOL:	K Catho	lic		U			
			- ^-	PHONE:	846-8871		
MAIL: KScufert	· By yorkea	molic	1014	111-	876-8811		