# DALLASTOWN AREA SCHOOL DISTRICT

**TRANSPORTATION OFFICE**
**700 NEW SCHOOL LANE – DALLASTOWN – PA – 17313**
**TELEPHONE: 717-244-4021**
**FAX: 866-373-4468**
**transportation@dallastown.net**

## NON-PUBLIC/CHARTER SCHOOL TRANSPORTATION ENROLLMENT FORM 2016-17

**5-Year Old Kindergarten through 12th Grade**

**Instructions:**

1. Only students who are residents of Dallastown Area School District are eligible to receive transportation services.
2. Dallastown does not provide mid-day transportation for half-day kindergarten programs.
3. If requesting transportation, fill out a **separate** form for **each** school that you have students. Forms must be filled out completely for the transportation request to be approved. Multiple students at the same school may be listed on the same form.
4. **Due to delays in Postal Delivery, we highly encourage all parents to provide a valid email address on this form for transportation-related correspondence.** The provided email address would be used for this purpose only.
5. Students may only be assigned to one AM bus stop and one PM bus stop.
6. If a daycare is selected in the Transportation Arrangements section, the daycare must be located within Dallastown Area School District.
7. Deadline for Returning Students: **Friday, June 17, 2016**. Late submission may result in delay of transportation and/or longer transit times for your child.

**SCHOOL**_____

**STUDENT INFORMATION**

NAME (Last, First, Middle)_____ DOB (mm/dd/yy)_____ GRADE_____

NAME (Last, First, Middle)_____ DOB (mm/dd/yy)_____ GRADE_____

NAME (Last, First, Middle)_____ DOB (mm/dd/yy)_____ GRADE_____

NOTE: if kindergarten, please indicate FULL day, HALF day AM, or HALF day PM

**ADDRESS** (Street)_____

(City)_____ (State)_____ (Zip Code)_____

**PARENT/GUARDIAN INFORMATION**

FATHER'S INFORMATION: ☐ Lives with Student

NAME_____
EMAIL_____
HOME #_____
CELL #_____
WORK #_____

MOTHER'S INFORMATION: ☐ Lives with Student

NAME_____
EMAIL_____
HOME #_____
CELL #_____
WORK #_____

**OTHER CONTACTS**

NAME_____ RELATIONSHIP_____ PHONE_____

NAME_____ RELATIONSHIP_____ PHONE_____

**EMERGENCY INFORMATION**: Please list any known allergies, medical conditions, or safety information for your child/children:_____

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**TRANSPORTATION ARRANGEMENTS** (Please circle one for each Trip)

**AM/PICK-UP**
- Bus from Home Address Listed Above
- Parent drop-off
- Bus from Daycare below:

NAME_____
ADDRESS_____
_____
PHONE_____

**PM/DROP-OFF**
- Bus to Home Address Listed Above
- Parent pick-up
- Bus to Daycare below:

NAME_____
ADDRESS_____
_____
PHONE_____

By signing below, I hereby swear and affirm that the information provided on this form is true and accurate to the best of my knowledge.

_____ _____

Parent/Guardian Signature Registration Date