

ANNVILLE-CLEONA SCHOOL DISTRICT

Non-Public School Enrollment/Request for Transportation Form

THIS FORM AND THE EMERGENCY CONTACT FORM MUST BE FILLED OUT AND RETURNED IF YOU REQUIRE TRANSPORTATION. A NEW REQUEST MUST BE COMPLETED EACH SCHOOL YEAR.

Non-Public School Name: _____ School Year: _____

Parent or Guardian's Full Name: _____

Home Phone: _____ Emergency Contact Name: _____

Emergency Contact Phone: _____

Student's Street Address: _____ Zip: _____

Email Address: _____

<u>Full Name of Student</u>	<u>School Name</u>	<u>Grade</u>	<u>Birthdate</u>
_____	_____	_____	_____

CHECK ONE-REGULAR BUSING SCHEDULE:

_____ We are requesting Anville-Cleona School District transportation.

_____ We are not requesting Anville-Cleona School District transportation.

CHILD CAREGIVER INFORMATION:

If you plan to have your child get on and off the bus at a caregiver's residence, please complete the section below. If you plan to have your child picked up and dropped off with a caregiver, that residence must be located in the Anville-Cleona School District. Multiple pick-up and drop-off locations will be not be permitted.

Caregiver's Name Telephone Number

Caregiver' Address (must live within Anville-Cleona School District)

I am requesting: AM Only _____ PM Only _____ Both AM & PM _____

Return by mail/ email to: Anville-Cleona School District email: bdeaven@acschools.org
Brandi Deaven
520 S White Oak St
Anville, PA 17003

To assure transportation for the 2023-2024 school year, please return this form to the address listed below by June 30, 2022. Details of transportation will be mailed to you in August. For students requesting transportation after the school year has started, transportation will be provided within two weeks. **IF THIS FORM IS NOT RETURNED**, it will be understood your student does not need transportation for the entire 2023-2024 school year and **WILL NOT** be assigned. Thank you for helping to keep our buses safe and our rosters current.

EMERGENCY CONTACT INFORMATION

In an effort to keep within the guidelines set forth by the state, we are required to have on record emergency information for all students, public and non-public, who are transported by our district. Please complete this information for each student enrolled in your school who is a resident of the Annville-Cleona School District. **Both the Emergency Information and Request for Transportation forms MUST be completed and returned in order for transportation to be assigned for the school year.**

Please return to:

Brandi Deaven
Annville-Cleona School District
520 South White Oak Street
Annville, PA 17003
717.867.7652

Name of School: _____

Enrollment Date _____ Grade/Homeroom _____ Teacher _____

Last Name: _____ First Name: _____ Middle Name: _____

Sex: _____ Birthdate: _____ Place of Birth: _____

Address: _____

City/State/Zip: _____

Township: _____

Phone Number: _____

Father's Name: _____ Father's Day Phone: _____ Father's Cell Phone: _____

Mother's Name: _____ Mother's Day Phone: _____ Mother's Cell Phone: _____

Step-Parent: _____ Employer: _____ Phone: _____

Guardian: _____ Employer: _____ Phone: _____

Emergency Contact Person: _____ Relationship: _____ Phone: _____

OTHER CHILDREN IN THE FAMILY:

NAME	SEX	DATE OF BIRTH	GRADE	HOME CONDITIONS			
				CHILD LIVES WITH:		PARENTS:	

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____