

HOLLIDAYSBURG AREA SCHOOL DISTRICT
NON-PUBLIC STUDENT TRANSPORTATION REQUEST FORM
 PLEASE PRINT IN ALL NON-SHADED AREAS

DATE:		STUDENT ID#		SCHOOL YEAR: 2021-2022		
BUILDING: BISHOP GUILFOYLE		GRADE:		ENTRY CODE: E01		
STUDENT LAST NAME:			FIRST:		MIDDLE:	
BIRTHDATE:		RACE: <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER				
MALE: <input type="checkbox"/> FEMALE: <input type="checkbox"/>		ETHNICITY: <input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC				
CHECK ALL SERVICES STUDENT REQUIRES: <input type="checkbox"/> SPEECH <input type="checkbox"/> VISION			DOES STUDENT REQUIRE DAILY MEDICATION DURING SCHOOL HOURS?			
<input type="checkbox"/> HEARING <input type="checkbox"/> OTHER:			<input type="checkbox"/> NO <input type="checkbox"/> YES, NAME OF MEDICATION			
BIRTHPLACE:		STATE ISSUING BIRTH CERTIFICATE:		BIRTH CERTIFICATE FILE #		
STUDENT LEGALLY RESIDES WITH: (circle one) BOTH PARENTS MOTHER FATHER MOTHER/STEPFATHER FATHER/STEPMOTHER OTHER – PLEASE PROVIDE NAME AND RELATIONSHIP:						
ARE THERE ANY COURT CUSTODY PAPERS TO BE PLACED ON FILE WITH THE SCHOOL? YES <input type="checkbox"/> NO <input type="checkbox"/>						
FATHER'S INFORMATION (AS LISTED ON BIRTH CERTIFICATE)						
FATHER LAST NAME:		FIRST NAME:		MIDDLE:		
MAILING ADDRESS:		CITY:		STATE:	ZIP CODE:	
PHYSICAL ADDRESS IF (IF DIFFERENT THAN MAILING ADDRESS):						
HOME PHONE (INCLUDE AREA CODE):		CELL PHONE (INCLUDE AREA CODE):		WORK PHONE (INCLUDE AREA CODE):		
BIRTHDATE:		EMAIL ADDRESS:				
MOTHER'S INFORMATION (AS LISTED ON BIRTH CERTIFICATE)						
MOTHER'S CURRENT LAST NAME:		FIRST:		MIDDLE:		
MAILING ADDRESS:		CITY:		STATE:	ZIP CODE:	
PHYSICAL ADDRESS (IF DIFFERENT THAN MAILING ADDRESS):						
HOME PHONE (INCLUDE AREA CODE):		CELL PHONE (INCLUDE AREA CODE):		WORK PHONE (INCLUDE AREA CODE):		
BIRTHDATE:		EMAIL ADDRESS:				
<input type="checkbox"/> GUARDIAN		<input type="checkbox"/> STEP-PARENT INFORMATION (MUST BE LEGALLY MARRIED)				
LAST NAME:		FIRST		MIDDLE		RELATIONSHIP TO STUDENT
MAILING ADDRESS		CITY		STATE		ZIP CODE:
PHYSICAL ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS):						
HOME PHONE (INCLUDE AREA CODE):		CELL PHONE (INCLUDE AREA CODE):		WORK PHONE (INCLUDE AREA CODE):		
BIRTHDATE		EMAIL ADDRESS:				
<input type="checkbox"/> GUARDIAN		<input type="checkbox"/> STEP-PARENT INFORMATION (MUST BE LEGALLY MARRIED)				
LAST NAME:		FIRST		MIDDLE		RELATIONSHIP TO STUDENT
MAILING ADDRESS		CITY		STATE		ZIP CODE:
PHYSICAL ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS):						
HOME PHONE (INCLUDE AREA CODE):		CELL PHONE (INCLUDE AREA CODE):		WORK PHONE (INCLUDE AREA CODE):		
BIRTHDATE		EMAIL ADDRESS:				

PLEASE COMPLETE REVERSE SIDE

LIST ALL OTHER PERSONS LIVING AT YOUR ADDRESS:

LAST NAME	FIRST	MIDDLE	SEX	BIRTHDATE	SCHOOL	GRADE	RELATIONSHIP TO STUDENT

ALTERNATIVE EMERGENCY CONTACTS:

1. NAME: (PLEASE PRINT) _____ RELATIONSHIP TO STUDENT _____
HOME PHONE: _ _____ CELL: _____ WORK: _____
2. NAME: (PLEASE PRINT) _____ RELATIONSHIP TO STUDENT _____
HOME PHONE: _ _____ CELL: _____ WORK: _____
3. NAME: (PLEASE PRINT) _____ RELATIONSHIP TO STUDENT _____
HOME PHONE: _ _____ CELL: _____ WORK: _____

PARENT SIGNATURE: _____ DATE: _____

PRINCIPAL SIGNATURE: _____ DATE: _____