



Spring Cove School District Transportation Department

1100 E. Main Street
Roaring Spring, PA 16673
Phone: 814-224-3010
Email: abroman@springcovesd.org

PAROCHIAL/PRIVATE SCHOOL TRANSPORTATION FORM

Parent/Guardian: Please carefully complete each of the boxes below thoroughly.

Parochial/Private School Name:		School Year:	Today's Date:
Student Information			
Student Name:	Gender:	Grade:	DOB:
Student Name:	Gender:	Grade:	DOB:
Student Name:	Gender:	Grade:	DOB:
Student Name:	Gender:	Grade:	DOB:
Student Name:	Gender:	Grade:	DOB:
Student Name:	Gender:	Grade:	DOB:
Parent Information			
Parent/Guardian Name(s):			
Physical Street Address:			
City, State & Zip Code:			
Mailing Address: (If different from physical address)			
Phone Contacts:	Home <input type="checkbox"/>	Mother - Cell <input type="checkbox"/>	Father - Cell <input type="checkbox"/>
Please (✓) the appropriate box to indicate the primary phone contact			
Transportation Information			
In the morning my student(s) will: (Please check one)	<input type="checkbox"/> will need to have transportation arranged <input type="checkbox"/> will be transported by guardian <input type="checkbox"/> will drive themselves to school		
Special Notes for MORNING (ex. transportation only needed on Mon., Wed., Fri., AM ONLY, etc.):			
In the afternoon my student(s) will: (Please check one)	<input type="checkbox"/> will need to have transportation arranged <input type="checkbox"/> will be transported by guardian <input type="checkbox"/> will drive themselves from school		
Special Notes for AFTERNOON (ex. transportation only needed on Tues./Thur., PM Only, etc.):			