

# Neshaminy School District

Date: \_\_\_\_\_

Transportation Department  
2001 Old Lincoln Hwy.  
Langhorne, PA 19047

## Student Registration/Transportation Form

School Official: \_\_\_\_\_ Signature: \_\_\_\_\_

Please complete this form in its entirety and return it to Neshaminy Transportation Department, e-mail [dispatcher@neshaminy.org](mailto:dispatcher@neshaminy.org) with "Student Registration/Transportation Form" in the subject line or via fax to: 215-809-6269. Transportation cannot be processed until all information is completed and received by the Neshaminy Transportation Office.

**Students must reside inside the Neshaminy School District to qualify for transportation.**

### Please check one of the following:

New Registration  Returning Student  Change of Address  Other \_\_\_\_\_

### School Information:

Non Public/Private  Charter School  Other \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

### Student Information:

Kindergarten:  AM  PM  Full Day Gender:  Male  Female

Elementary: Grade \_\_\_\_\_ Middle School: Grade \_\_\_\_\_ High School: Grade \_\_\_\_\_

STUDENTS LAST NAME FIRST NAME MIDDLE NAME DATE OF BIRTH

STREET ADDRESS APARTMENT #

CITY STATE ZIP CODE HOME PHONE

PARENT/GUARDIAN NAME WORK PHONE CELL PHONE

PARENT/GUARDIAN NAME WORK PHONE CELL PHONE

### NOTE TO SCHOOLS:

**It can take 24 to 72 hours to receive bussing information.**

**Please advise the parents/guardians of the child above of their current transportation information.**

#### TRANSPORTATION DEPARTMENT ONLY

AM BUS \_\_\_\_\_ Time \_\_\_\_\_ Bus Stop: \_\_\_\_\_

PM BUS \_\_\_\_\_ Time \_\_\_\_\_ Bus Stop: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Completed By: \_\_\_\_\_ Book Updated \_\_\_ Driver Updated \_\_\_

E-Mailed : \_\_\_ School Secretary \_\_\_ School Principal \_\_\_ R. Kurtz \_\_\_ Other \_\_\_\_\_

ATTENTION: Please return this form to the SKD office or scan and email to [mrsyoung@skdschool.org](mailto:mrsyoung@skdschool.org)

Neshaminy School District

2001 Old Lincoln Hwy.

Langhorne, PA 10947

STUDENT EMERGENCY INFORMATION

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

New Enrollment  Returning Student  Change of Address

Student Information: ALL the following information must be completed.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Parent/Guardian #1: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Medical Conditions: Please specify

Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

School Information: ALL the following information must be completed.

Attending School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Contact Person: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

\* Please return this completed form along with the below proof of residency Transportation cannot be processed until all information is completed and received by the Neshaminy Transportation Office.

PROOF OF RESIDENCY FOR NESHAMINY SCHOOL DISTRICT: To be completed by school Administrator. Check off what was provided:

Parent / Guardian Valid Photo ID: driver's license must match the address where the student resides.

One proof of residency from each category below in the name of the parent/guardian in the following forms either:

Category 1  Signed and dated deeds, settlement papers, or real estate tax bill. OR  Signed and dated lease listing parent as the leaseholder and student as an occupant.

Category 2 One current utility bill for services that are connected to the residence by pipeline, wire or cable  Water  Gas  Electric  Cable/Internet

ATTENTION: Please scan and email this form AND proofs of residency to ddown@neshaminy.org