

ST. KATHARINE DREXEL SCHOOL
1053 Holland Road, Holland PA, 18966
Phone 215-357-4720 Fax 215-355-9526

BUS TRANSPORTATION FORM
(Bus transportation is provided for students in grades K-8)

School District _____ School Year _____ - _____

_____ NO I am not requesting bus transportation for my child at this time

_____ YES Please submit this form for bus transportation to my school district

**ATTENTION: Parents/Guardians requesting bus transportation from COUNCIL ROCK OR BENSALEM SD
It is your responsibility to contact and provide CRSD with (4) proofs of residency or Bensalem SD
with (1) proof of residency. Busing will not be established until proof of residency is provided.
Council Rock SD Transportation Department: transportation@crsd.org
Bensalem SD Transportation Department: transportation@bensalemsd.org**

Student Name: Last _____ First _____

DOB: ____/____/____ Gender: M F Grade entering ____

Address: _____ City _____ State _____ Zip _____

Mother's Name: _____ Mother's Cell: ____/____/____

Father's Name: _____ Father's Cell: ____/____/____

Email Address: _____

Parent/Guardian Signature: _____ Date: ____/____/____

Office

Req submitted ____/____/____ Bus info rec'd ____/____/____ Parent notified _____ MSP _____