



**South Eastern School District
Transportation Department
377 Main Street
Fawn Grove, Pennsylvania 17321**

NON-PUBLIC SCHOOLS

STUDENT NAME: _____ BIRTH DATE: _____

PARENTS NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

SCHOOL: _____ GRADE: _____

DATE OF FIRST DAY OF SCHOOL FOR STUDENT: _____

CHECK ONE: AM TRANSPORTATION _____
 PM TRANSPORTATION _____
 BOTH AM & PM _____
 NONE NEEDED _____

PHYSICAL GEOGRAPHICAL DESCRIPTION OF WHERE YOU LIVE (ROUTE#, ROAD/ STREET, HOUSE)

In order to assure transportation arrangements for the **2016-2017** school year, please return this form to the "Transportation Director" at the address listed above by **June 10, 2016**. You will be notified in August of the time and location of the bus stop and other details of the student's transportation.

TO BE COMPLETED BY SOUTH EASTERN SCHOOL DISTRICT

BUS NUMBER _____

BUS STOP _____

TIME AM _____ PM _____