

School Year  
**2024-2025**

**Neshaminy School District**  
Transportation Department  
2001 Old Lincoln Hwy.  
Langhorne, PA 19047

Date: 2/28/24

**TRANSPORTATION REQUEST FORM**

Please complete this form in its entirety and return it to Neshaminy Transportation Department, e-mail [dispatcher@neshaminy.org](mailto:dispatcher@neshaminy.org) with "**Transportation Request 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.

**School Information:**

☒ Non Public/Private   ☐ Charter School   ☐ Other \_\_\_\_\_ Gender: ☐ Male   ☐ Female

School Name: Conwell-Egan Catholic

Address: 611 Wistar Road Fairless Hills State: PA Zip: 19030

School Contact: Christopher D. Leonardo Phone: (215) 945-6266 ext. 409 Fax: \_\_\_\_\_

E-mail: cdleonardo@conwell-egan.org Enrollment Date: 9/4/24

School Official: Christopher D. Leonardo Signature: [Signature]

**Student Information:**

Please check all that apply:

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

Days transportation is needed: ☐ Mon ☐ Tue ☐ Wed ☐ Thru ☐ Fri

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:**

Please allow 72 hours to process **ALL** transportation requests.

Parents/guardians may be required to transport until proper bussing can be established.

**TRANSPORTATION DEPARTMENT ONLY**

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

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

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

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

E-Mailed : \_\_\_\_\_ School Secretary \_\_\_\_\_ School Principal \_\_\_\_\_ D. Krier \_\_\_\_\_ Other \_\_\_\_\_

# Neshaminy School District

2001 Old Lincoln Hwy.

Langhorne, PA 10947

School Year

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## STUDENT REGISTRATION / EMERGENCY INFORMATION

*ALL the following information must be completed.*

### Student Information:

☐ New Enrollment ☐ Returning Student ☐ Change of Address

Students 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: \_\_\_\_\_

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

*Please print*

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

### School Information:

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

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

School Contact : \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_

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

*\* Please return this completed form along with the below proof of residency to the school office. 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