School Year 2024-2025

School Information:

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 with "<u>Transportation Request Form</u>" 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.

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 DEPARTENT ONLY AM BUS Time Bus Stop: PM BUS Time Bus Stop: Date Received: Received By: Book Updated Driver Updated	♥ Non Public/	Private (Charter School O	Other	08	ender:
School Contact: Chistopher Converses First Name Signature: School Official: Chistopher Converses Student Official: Chistopher Coll Phone Student Information: Please check all that apply: New Registration Official is needed Official is ne	School Name:	Conwell	· Egan Cathol	il		
School Contact: Chish the hold Phone of the hold Will Fax: E-mail: Chi length Contact Charlet Can are Enrollment Date: 94 24 School Official: Chish plant of the Signature: 94 24 Student Information: Please check all that apply: New Registration Returning Student Ochange 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 DEPARTENT ONLY AM BUS Time Bus Stop: PM BUS Time Bus Stop: Date Received: Received By: Date Completed: Completed By: Book Updated Driver Updated	Address: Ull	Wista	Road Fair	Tess Hills	State: /A	Zip: 19030
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E-Mailed: School Secretary School Principal D. Krier Other	Date Completed:		Completed By:		Bo	ok UpdatedDriver Update
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Neshaminy School District

School Year 2024-2025

2001 Old Lincoln Hwy. Langhorne, PA 10947

STUDENT REGISTRATION / EMERGENCY INFORMATION

ALL the following information must be completed.

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Student Information:			
O New Enrollment O	Returning Student O Chang	ge of Address	
Students Name:		DOB:	
Address:			
SIKEEI	CITY	SIAIE	ZIP CODE
Parent/Guardian #1:			
Parent/Guardian #2:	Home #;	Cell #:	A Control of the Cont
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			
		STATE	ZIP CODE
School Contact:			<u> </u>
Phone #: Fax	#:		
* Please return this completed form along with t processed until all information is con			
PROOF OF RESIDENCY FOR NESHAMINY SCHOOL DIS	STRICT: To be completed by school Ad	Iministrator. Check off what	t was provided:
Parent / Guardian Valid Photo ID: drive	r's license must match the addr	ess where the student	resides.
One proof of residency from each category below	v in the name of the parent/gua	rdian in the following fo	orms either:
Category 1			
Category 2 One current utility bill for services the	at are connected to the residen	nce by pipeline, wire or	cable