

School Year
2025-2026

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

Date: 2/15/25

TRANSPORTATION REQUEST FORM

Please complete this form in its entirety and return it to Neshaminy Transportation Department, e-mail 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. 408/409 Fax: _____

E-mail: cdleonardo@conwell-egan.org Enrollment Date: 9/14/24

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 _____

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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