



**COLONIAL SCHOOL DISTRICT**

**STUDENT INFORMATION SHEET AND TRANSPORTATION  
REQUEST FORM/NON-PUBLIC**

**FOR DISTRIBUTION TO ALL COLONIAL RESIDENTS ENROLLING IN NON-PUBLIC SCHOOL WHO MAY BE  
ELIGIBLE FOR TRANSPORTATION (Even if no transportation is being requested)**

Dear Parent or Guardian;

The Colonial School District provides transportation for non-public school children pursuant to Pennsylvania State Law. Transportation will be provided to and from an accredited non-public school that is located no more than ten (10) miles from the Colonial School District boundaries. If you believe you are eligible for transportation and desire to have it provided for the upcoming school term, **please fill out this form and return it to Colonial School District Transportation Dept along with a copy of your deed, lease or current tax bill A.S.A.P.**

If you are leasing a property, you must fill out the "Non-Public Transport Lessee Residency Affidavit." If you are living with another family, you must fill out the "Non-Public Transport Multi Occupancy" form.

Your cooperation in providing complete answers and all information requested will help us to provide the best possible transportation service to Colonial residents. Thank you. Kathy Ellis, Transportation Director.

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**REQUEST FOR TRANSPORTATION/STUDENT INFORMATION ACT #372**

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Complete a **separate form for each child eligible** for transportation for school year **2011-2012**. Please provide **all** information.

**STUDENT INFORMATION:** Name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_  
Previous school attended (10-11) \_\_\_\_\_ Grade (2010-11) \_\_\_\_\_ Age \_\_\_\_\_  
Mailing Address \_\_\_\_\_

(Street No. & Name/P.O. Box) (Town) (State) (Zip Code)

Residence Location \_\_\_\_\_  
(Street No.) (Street Name) (Township/Borough)

**SCHOOL INFO:** Name of school to be attending (2011-2012) \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_

**TRANSPORTATION INFORMATION: (PLEASE RETURN COMPLETED FORM A.S.A.P.)**

Student requires transportation for 2011-2012 from Colonial School District: YES \_\_\_ NO \_\_\_ Effective Date: \_\_\_/\_\_\_/\_\_\_

If **YES:** \_\_\_ This student has never received transportation from Colonial School District.

\_\_\_ This student received transportation last year from Colonial School District.

Previous (10-11) School \_\_\_\_\_ Bus # \_\_\_ Stop

Location \_\_\_\_\_

\_\_\_ This student has special needs due to physical limitation \_\_\_\_\_

If **NO:** \_\_\_ Student will be transported to and from school by family or friends. AND/OR \_\_\_ Student will drive to school.

**Please use the reverse side of this form to indicate any medical or personal information you wish to share that could be helpful to the driver or to Emergency personnel in the event of an emergency. All information will be considered confidential and shared on a need-to-know basis only.**

ADDITIONAL INFORMATION ON REVERSE \_\_\_ YES \_\_\_ NO

**EMERGENCY INFORMATION**

Mother/Name: \_\_\_\_\_ Father/Name: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ Work: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Work): \_\_\_\_\_

(Cell) \_\_\_\_\_ (Pager) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Pager) \_\_\_\_\_

Emergency contact: \_\_\_\_\_ (Phone): \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Kathy Ellis, Transportation Director, Colonial School District, 230 Flourtown Road, Plymouth Meeting, PA 19462

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