



Susquehanna Township School District
2579 Interstate Drive
Harrisburg, PA 17110
(717)657-5100 x. 50147

CHANGE OF ADDRESS FORM

STUDENT INFORMATION

DATE REQUESTED _____

Student First & Last Name	Date of Birth (MM/DD/YY)	Grade	School

NEW ADDRESS _____
(Street Address, Apt., City, State, Zip Code)

PREVIOUS ADDRESS _____
(Street Address, Apt., City, State, Zip Code)

PARENT/LEGAL GUARDIAN INFORMATION (complete sections 1 and 2 as applicable)

1. _____
Parent/Guardian Full Name Home Phone _____

Address (if different from student) Mobile Phone _____

Email Address Work Phone _____

Name of Stepparent (if applicable) Stepparent Mobile Phone _____

2. _____
Parent/Guardian Full Name Home Phone _____

Address (if different from student) Mobile Phone _____

Email Address Work Phone _____

Name of Stepparent (if applicable) Stepparent Mobile Phone _____

SUSQUEHANNA TOWNSHIP SCHOOL DISTRICT
Harrisburg, Pennsylvania 17110

STUDENT TRANSPORTATION FORM

A. **Student's Name** _____
School _____ Current Grade _____
Parent's Name _____ Phone _____
Home Address _____

B. Transportation Request:

____ New student to the district
____ Change in current transportation assignment, effective _____

To insure the safety of our students there could be a up to a five day waiting period, during the school year, for your change request to be completed. Requests/assignments can only be made within district boundaries. They cannot vary day to day. See policy reverse side. Any change requires the completion of another form

School Hours: Grades Kdg-5: 8:45-3:30; M.S. 7:40-2:37; H.S. 7:40-2:37

____ I would like my child transported daily to and from our home address, which is noted above.

____ I **do not** want my child transported **to and from** our home address. Please pick up my child

AM daily at _____
(Address)

PM return to _____
(Address)

The person responsible for my child is _____

Their phone is _____.

Note: If your child is in the YMCA After-School Care Program, this section should be used.

C. If your child is currently enrolled in Susquehanna Township schools, please complete present transportation information:

AM Bus Stop (Address) _____ AM Bus # _____

PM Bus Stop (Address) _____ PM Bus # _____

To insure the efficient operation of our transportation department we ask that summer changes be submitted no later than two weeks prior to the start of the school year. Changes received in that two week period may not be effective until after Labor Day.

D. _____
Parent/Guardian Signature Date

SUSQUEHANNA TOWNSHIP SCHOOL DISTRICT
Harrisburg, Pennsylvania 17109

POLICY

PUPIL TRANSPORTATION

The Susquehanna Township School District shall provide transportation for resident students, in grades kindergarten through twelve, to the district public schools and those non-public schools, located within a ten (10) mile road distance of the school district boundaries (as required by the Law of the Commonwealth of Pennsylvania).

School bus service is available to all students who reside more than a mile-and-a-half from the school they attend. Bus service is additionally provided in a closer area if the students must cross roads that have been determined as being hazardous by the Department of Transportation. Students may walk from one-tenth to one-quarter of a mile to a bus stop as determined by the school district. Transportation shall be furnished between the district determined bus stops and the schools to which the students are assigned.

PROCEDURES

Eligibility for bus transportation shall be determined at the time of registration. Transportation shall be furnished only to and from the assigned stop. * Written requests from a parent or guardian to change a student's pick-up or drop-off point must be filed with the Business Manager, who shall be responsible for making a final determination relative to the parental and/or guardian request.

Kindergarten through fifth grade students may be transported to and/or from babysitters and/or day care centers provided the stops are located within the boundaries of the school district. Arrangements for transportation to and/or from babysitters and/or day care locations must be made on a permanent basis. These arrangements will not vary day to day or week to week, i.e., requests for alternate days to different locations will not be honored. The district is not authorized to provide transportation to and/or from locations outside of its respective boundaries.

In the interest of safety, elementary students are not permitted to use bus transportation for any other purpose than to be transported to their assigned bus stops based on their place of residency or previously approved child care facilities. Only in the case of an emergency will exceptions to this policy be considered by the building principal and then only in accordance with the individual school procedures.

Secondary building principals will honor written requests for a bus change for specific reasons. The change will be subject to availability of space on the bus involved. No requests will be approved if it is a convenience request, i.e., transportation to a job site.

The law prohibits a bus driver from changing stop locations without the approval of the school district administration.

A change in transportation assignment, for reason(s) other than a residence change, if approved by the Business Manager, shall be subject to seating space availability and shall be permanent.

*Transportation to and from district buildings may also be provided in relation to the YMCA School Age Child Care Program.

Approved by the School Board - May 8, 1989 Amended by
the School Board - January 8, 1990 Amended by the School
Board - October 28, 1996

**SUSQUEHANNA TOWNSHIP SCHOOL DISTRICT RESIDENCY AFFIDAVIT
(TO BE COMPLETED BY RESIDENT ONLY)**

I/We, the undersigned, attest that all information provided here is correct and/or current. I/We understand that if the residence should change, for any reason, it is the responsibility of the resident to notify the Susquehanna Township School District and amend this residence affidavit.

RESIDENT INFORMATION

Resident Full Name

Home Phone

Address (if different from student)

Mobile Phone

Email Address

Work Phone

Name of Spouse (if applicable)

Spouse Mobile Phone

I/We are the homeowner(s) of the above property. Yes _____ No _____
(If yes, attach copies of one document from List A and one document from List B)

I/We are the renters/lessors of the above property. Yes _____ No _____
(If yes, attach copies of one document from List A and one document from List B)

I/We are multiple occupants and reside in the above property. Yes _____ No _____
(If Yes, the Multiple Occupant Family Member must provide copies of two documents from List B and complete the Multiple Occupancy Form. The Homeowner/Lessor must provide a copy of one document from List A and one from List B.)

****Please note that both the Multiple Occupant Family Member and the Homeowner/Lessor must be present at the District Office to sign and have the MO documents notarized.**

List A: Deed ___ Mortgage ___ Real Estate Taxes ___ Lease/Rental Agreement ___ Agreement of Sale ___ Contract ___

List B: PA License ___ PA ID Card ___ PA Auto Registration ___ Utility Bill ___ Bank Statement/Credit Card Bill ___ Check Stub ___

I verify the statements made in the foregoing document are true and correct to the best of my knowledge, information or belief. I understand that false statements made herein are made subject to penalties of 18 Pa.C.S § 4909, relating to unsworn falsification to authorities.

I grant the school district permission to investigate the information I have presented in this statement by discussing the presented information with all appropriate parties, as necessary to confirm the factual accuracy.

(Signature of Resident)

(Printed Name of Resident)

(Date)

County of _____

State of _____

Sworn before me this day of _____

In the presence of: _____

(Notary)