

HARRISBURG SCHOOL DISTRICT

**CORRECTION/CHANGE FORM
NON-PUBLIC PA-9**

| | |
|--------------------|-------|
| STUDENT NAME _____ | |
| Last | First |
| SCHOOL _____ | |
| GRADE _____ | |

PLEASE PRINT

| TYPE OF CHANGE | CHANGE TO / ONLY NEW DATA | PREVIOUS |
|---------------------|---------------------------|----------|
| ENTRY / DROP | | |
| STUDENT NAME | | |
| ADDRESS | | |
| PARENT FIRST NAME | | |
| PARENT LAST NAME | | |
| DATE OF BIRTH | | |
| RACIAL CODE | | |
| PHONE NUMBER | | |
| SCHOOL | | |
| GRADE DATE OF ENTRY | | |
| DROP DATE | | |

FORM COMPLETED BY: _____ DATE: _____

FOR TRANSPORTATION USE ONLY:

BUS NUMBER _____

STOP LOCATION _____

PICK UP TIME _____ AM

FORWARD DIRECTLY TO: HARRISBURG SCHOOL DISTRICT
 TRANSPORTATION
 2101 N FRONT ST
 HARRISBURG, PA 17110
 OR
FAX TO: (717) 703-4105