

# PALISADES SCHOOL DISTRICT

## 2024-25 STUDENT INFORMATION SHEET AND TRANSPORTATION REQUEST FORM/NON-PUBLIC

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

Dear Parent or Guardian;

The Palisades 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 Palisades 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 your school immediately**. The school will forward all requests to the Palisades School District Transportation Department. Your cooperation in providing complete answers and all information requested will help us to provide the best possible transportation service to all Palisades residents.

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

Complete a **separate form for each child** eligible for transportation for school year **2024-25**. Please provide **all** information.

**STUDENT INFORMATION:** Name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Previous School Attended (23-24) \_\_\_\_\_ Grade(2024-25) \_\_\_\_\_ 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 attended (2024-2025) \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_

Student requires transportation for **2024-25** from Palisades School District: **YES** \_\_\_ **NO** \_\_\_ Effective Date: \_\_\_/\_\_\_/\_\_\_

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

\_\_\_ This student received transportation last year from Palisades School District. \_\_\_ **New Address since 6/15/24**

Previous(23-24)School \_\_\_\_\_ Bus # \_\_\_\_\_ Stop Location \_\_\_\_\_

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

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: \_\_\_\_\_

**Please provide 3 forms of proof of residency with this submission. Drivers License, Auto registration, current utility bill, Lease or residency affidavit, tax bill will be accepted.**

**Gerry Giarratana, Transportation Director, Palisades School District, 20 School Drive, Kintnersville, PA  
18930 Phone: (610) 847-5131 Ext 5002 E-mail: ggiarratana@palisadesd.org**

**cc: mkfinney@krapfbus.com**