BRANDYWINE HEIGHTS AREA SCHOOL DISTRICT

200 W. Weis Street
Topton, PA 19562
(610) 682-5100 Ext. 1305
Transportation@BHASD.org

School Year: 25-26

Student Name: _____ Date of Birth: _____ Please Circle: **M** or **F**

Name Of School Attending: St. Catharine of Sien Grade: _____

Address: _____ City: _____ Zip: _____

Transportation Requested: **AM** **PM** **AM & PM**

Is your child currently under 80lbs? **Yes** **No**

If Yes, what seat do they use? **Regular booster** **High back booster seat**

Father's Name: _____ **Mothers Name:** _____

Address *(if different from student's)*: Address *(if different from the students)*

Street: _____ Street: _____

City: _____ City: _____

Zip: _____ Zip: _____

Phone: _____ Phone: _____

Email Address (Required) _____ Email Address (Required) _____

Emergency Contact *(someone other than a parent or guardian)*:

Name: _____ Phone: _____

Relationship: _____ Email Address: _____

If you are new to the district, or have changed your address, please send two proofs of residency. Accepted forms of proof of residency are: agreement of sale to purchase a home, rental agreement, utility bill (water, electric), a piece of mail showing your new address.