

Spring-Ford Area School District Private School Transportation Request Process

Thank you for reaching out to us regarding your need for **Private School Transportation**. Please complete the attached private school registration forms, and provide the following required documentation in **PDF's**. **Please do not provide pictures of the documentation.**

- **Driver's License** for Photo Identification only
- **Students' Birth Certificate**
- **Proof of Residence:** Deed/Signed Settlement Statement or Fully Executed Signed Lease Agreement

Please be sure to provide all the pages to the deed / all pages to the signed settlement statement or fully executed signed lease agreement. Any requests submitted without signatures or with only the first or last page of the deed / signed settlement statement or fully executed signed lease agreement will not be accepted.

- **Current Utility Bill:** PECO, American Water, Aqua, Xfinity, Verizon...

Note: Please be sure to fill in all sections of the forms. The Hispanic / Latino Ethnicity and Federal Race sections are legally required and must be filled in.

- **Hispanic / Latino Ethnicity Options: Yes or No**
- **Federal Race Options: American Indian or Alaska Native, Asian, Black / African American, Native Hawaiian / other Pacific Islander, or White.**

Once you have all the paperwork completed, please email the completed paperwork in **PDF's** to (bussing@spring-ford.net) for review and approval.

Should you have any further questions, please feel free to email me or contact me at 610-705-6226

Thank you.
Karen Henry
Transportation Coordinator



SPRING-FORD AREA SCHOOL DISTRICT - PRIVATE SCHOOL REGISTRATION FORM

FOR OFFICE USE ONLY			
Enrollment Date: _____		Student No. _____	
		Grade _____	
Building: _____			
Curriculum:			
1 – Regular Ed _____		2 – District Special Ed _____	
3 – Intermediate Unit _____		7 – Vo-Tech _____	
		8 – Special Ed Vo-Tech _____	
Residence:			
District Resident _____		1302 _____	
		1305 _____	
		1306 _____	

Last Name: _____		First Name: _____		Middle Name: _____	
Birthdate: _____		Gender: _____		Hispanic or Latino Ethnicity: _____	
				Federal Race: _____	
Street Address: _____			Apartment/Floor: _____		
City: _____		State: _____		Zip Code _____	
Mailing Address (if different than Street Address):					
Primary Phone Number: _____			Type: Landline _____ Cell _____ Work _____		Unlisted: _____
Home Phone Number: _____			Type: Landline _____ Cell _____		
Previous Education: _____			State: _____		Previous Grade Completed: _____
Child's Primary Residence is with:					
Parent/Guardian: _____			Parent/Guardian: _____		
Relationship to Student: _____			Relationship to Student: _____		
Telephone Number _____		Type: _____		Telephone Number: _____	
				Type: _____	
E-mail Address: _____			E-mail Address: _____		

Parent/Guardian Signature: _____ Date: _____

SPRING-FORD AREA SCHOOL DISTRICT - PRIVATE SCHOOL STUDENT INFORMATION FORM

Please print all information clearly

Student's Name:					
Home Phone Number:					
Name Used if Other Than Legal Name:			Birthdate:		
Language Spoken at Home:			Date of Residency in PA:		
City and State of Birth:			County of Birth:		
Country of Birth:			Date of Entry into United States <i>(if applicable):</i>		
Type of Residence: Owned Rented <i>If rented, owner's name:</i>			County of Residence:		
Are there custody papers which limit the child from being picked up at school by the Non-Custodial Parent: If yes, please furnish a copy of custody papers. _____					
If child was placed in your custody by an agency, please provide the following: Name of agency: _____ Address: _____					
PLEASE LIST ANY ADDITIONAL INDIVIDUALS RESIDING IN YOUR HOME WHO ARE NOT LISTED					
Last Name, First Name	Sex	Grade	School	Birthdate	Employer

PARENT/GUARDIAN INFORMATION:	
Natural Father	Name: _____ Birthdate: _____
	Address: _____ Gender: _____
	City, State, Zip Code: _____
	Place of Employment: _____
	Work Phone Number: _____ Highest Educational Level: _____
	Cell Phone Number: _____
	MARITAL STATUS: Single Married Divorced Separated Widowed
	E-mail Address: _____
Natural Mother	Name: _____ Birthdate: _____
	Address: _____ Gender: _____
	City, State, Zip Code: _____
	Place of Employment: _____
	Work Phone Number: _____ Highest Educational Level: _____
	Cell Phone Number: _____
	MARITAL STATUS: Single Married Divorced Separated Widowed
	E-mail Address: _____
Step _____ or Guardian	Name: _____ Birthdate: _____
	Address: _____ Gender: _____
	City, State, Zip Code: _____
	Place of Employment: _____
	Work Phone Number: _____ Highest Educational Level: _____
	Cell Phone Number: _____
	MARITAL STATUS: Single Married Divorced Separated Widowed
	E-mail Address: _____
Step _____ or Guardian	Name: _____ Birthdate: _____
	Address: _____ Gender: _____
	City, State, Zip Code: _____
	Place of Employment: _____
	Work Phone Number: _____ Highest Educational Level: _____
	Cell Phone Number: _____
	MARITAL STATUS: Single Married Divorced Separated Widowed
	E-mail Address: _____

Parent/Guardian Signature: _____ **Date:** _____