PALISADES SCHOOL DISTRICT

2026-2027 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 2026-27. Please provide all information.

STUDENT INFORMATION: Name _____ D.O.B_____/_____/_____

Student / Parent / Guardian Mailing Address: _____

City: _____ State_____ Zip_____ TWP/Borough_____

SCHOOL INFO: Name of school to be attended 26-27_____

Address _____Phone_____

Student requires transportation for the 26-27 from Palisades SD: YES___NO___

Effective Date: _____/ _____/_____

If YES:

__ This student has never received transportation from Palisades SD

__ This student received transportation last year from Palisades SD. _____ New address since 6/15/26

Previous (25-26) School _____

Bus# _____ Stop Location_____

__ This student has Special Needs due to physical limitations. _____

If NO: ___ Student will be transported to & 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 Emergency personnel in the event of an emergency. All information will be considered confidential and shared on a need to know basis.

EMERGENCY INFORMATION

Mother's / Guardian's Name: _____

Phone: (home) _____(Work). _____ Cell: _____

Email:_____

Father's Name: _____

Phone: (home) _____(Work). _____ Cell: _____

Email:_____

Date: _____

Parent/Guardian Signature: _____

Print Name: _____

**** PLEASE PROVIDE (3) FORMS OF PROOF OF RESIDENCY WITH THIS SUBMISSION. DRIVERS LICENSE, AUTO REGISTRATION, CURRENT UTILITY BILL, CURRENT LEASE OR RESIDENCY AFFIDAVIT, TAX BILL WILL BE ACCEPTED. Colleen Gartland, Director of Fiscal Affairs, Palisades School District, 39 Thomas Free Dr, Kintnersvile, PA 610-847-5131 ext 4006 email cgartland@palisadessd.org, cc: asanti@krapfbus.com and busconcerns@krapfbus.com****