



Bus Registration Form

2026 -2027 School Year

I _____ have contacted the appropriate transportation department in PA to register my student(s) to ride the bus for the 2026-2027 school year.

Please ✓ the appropriate bus district:

____ GREENCASTLE ____ TUSCARORA ____ WAYNESBORO

GREENCASTLE SCHOOL DISTRICT – 717.597.3226 x 50507

TUSCARORA SCHOOL DISTRICT – 717.328.3127 x 1006

WAYNESBORO SCHOOL DISTRICT – 717.762.1191 x 1264

Students Name: _____ Grade: _____

Students Name: _____ Grade: _____

Students Name: _____ Grade: _____

Students Name: _____ Grade: _____

Will Ride Bus to School: ____ Yes ____ No

Will Ride Bus Home: ____ Yes ____ No

For Inclement Weather Early Dismissal:

Will ride the Bus: ____ Yes ____ No

If you checked NO, please provide the name of person picking up student(s)

Name: _____ Relationship: _____

Phone #: _____ Cell #: _____

Emergency Contact Information:

1 – Name: _____ Cell # _____

2 – Name: _____ Cell # _____

Parent Name (please print) _____