



East Allegheny School District

Non-Public, Private, or Charter Student

STUDENT TRANSPORTATION

REQUIRED DOCUMENTATION FOR TRANSPORTATION ENROLLMENT

Completed forms can be emailed to Tina Nicholls at
tnicholls@eawildcats.net or dropped off in the high school office.

STUDENT LAST NAME

FIRST NAME

MIDDLE NAME

SCHOOL: _____

_____ Current Lease, Mortgage Statement or Deed (Must be original)

_____ Two (2) additional Proofs of Residency

ANY COMBINATION OF THE FOLLOWING:

_____ PA Driver's License

_____ DOT Identification Card

_____ Current Utility Statement

_____ Property Tax Bill

_____ Child's Birth Certificate, Passport, Baptismal Certificate (Must be Original)

_____ Enrollment for Transportation Form

_____ Authorization for Verification of Address

_____ Attending School must fax Verification of Enrollment to 412-824-6095

Transportation Eligibility Requirements:

- ▶ Legal resident of North Versailles, East McKeesport, Wilmerding or Wall.
- ▶ Student must be five (5) years old before September 1st.

East Allegheny School District will not provide transportation for students who are younger than age five as of September 1, even if their school accepts younger students. No exceptions will be made.



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STUDENT TRANSPORTATION APPLICATION

EASD Student ID: _____

SCHOOL: _____ DATE: _____

STUDENT LAST NAME FIRST NAME MIDDLE NAME

ADDRESS CITY STATE ZIP

PHONE NUMBER CELL NUMBER

GENDER: _____ BIRTH DATE: ____/____/____ GRADE: _____

ETHNIC GROUP (REQUIRED):

☐
☐

American Indian

Asian

☐
☐

Black

Hispanic

☐
☐

White

Multi-racial

PARENT/GUARDIAN NAME WORK NUMBER CELL NUMBER

PARENT/GUARDIAN NAME WORK NUMBER CELL NUMBER

EMERGENCY CONTACT:

PARENT/GUARDIAN NAME WORK NUMBER CELL NUMBER

RELATIONSHIP:

☐
☐

Grandparent

Aunt/Uncle

☐

Neighbor/Friend

☐

OTHER:



East Allegheny School District

Authorization for Verification of Address

RELEASE OF INFORMATION AGREEMENT

The information contained in this form will only be used in cases where additional verification of residency is needed or if fraudulent information is suspected.

PARENT/GUARDIAN LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS

CITY

STATE

ZIP

I, _____, do hereby give the East Allegheny School District authorization to contact any or all of the following to obtain verification of my address which is on file, or which I have used in filing forms with them. I further authorize the agency or employer contacted to release the requested information which will verify my address upon receipt of a photocopy or electronically transmitted copy of this form.

1. Internal Revenue Service

2. Employer: Company _____ Contact _____

Address _____ Phone _____

3. Welfare Agency or Related Health Services Agencies

4. Bureau of Motor Vehicles

5. Children & Youth Services

6. Landlord of Previous Address: Name _____

Address _____ Phone _____

7. Landlord of Current Address: Name _____

Address _____ Phone _____

PARENT/GUARDIAN SIGNATURE

DATE

PHONE NUMBER

CELL NUMBER