

ST. KATHARINE DREXEL SCHOOL
1053 Holland Road, Holland PA, 18966
Phone 215-355-0694 Fax 215-355-9526

BUS TRANSPORTATION FORM
(Bus transportation is provided for students in grades K-8)

School District _____ School Year _____ - _____

____ NO I am not requesting bus transportation for my child at this time

____ YES Please submit this form for bus transportation to my school district

PLEASE NOTE: It is the responsibility of the Parent/Guardian to contact and provide their school district transportation department with proofs of residency. Busing cannot be established until proof of residency is provided for each student.

Student Name: Last _____ First _____

DOB: ____/____/____ Gender: M F Grade entering ____

Address: _____ City _____ State _____ Zip _____

Mother's Name: _____ Mother's Cell: ____/____/____

Father's Name: _____ Father's Cell: ____/____/____

Email Address: _____

Parent/Guardian Signature: _____ Date: ____/____/____

Office

Req submitted ____/____/____ Bus info rec'd ____/____/____ Parent notified _____ MSP _____