

ST. KATHARINE DREXEL CATHOLIC SCHOOL

1053 Holland Road, Holland PA 18966

Phone 215-357-4720 Fax 215-355-9526

BUS TRANSPORTATION REQUEST FORM

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

School District \_\_\_\_\_ School Year \_\_\_\_\_ - \_\_\_\_\_

\_\_\_ New Student Bus Rider

\_\_\_ Returning Student Bus Rider

Student: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_ Grade entering: \_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Mother's email: \_\_\_\_\_

Father: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Father's cell: \_\_\_\_\_ Father's email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

.....  
Office

Submitted \_\_\_/\_\_\_/\_\_\_

Bus info rec'd \_\_\_/\_\_\_/\_\_\_

FACTS \_\_\_/\_\_\_/\_\_\_

Notified \_\_\_/\_\_\_/\_\_\_