

Cornwall-Lebanon School District

Non-Public School Enrollment/Request for Transportation Form

Non-Public School Name: _____ School Year: _____

Parent or Guardian's Full Name: _____

Home Phone: _____ Emergency Contact Name: _____

Emergency Contact Phone: _____

Student's Street Address: _____ Zip: _____

Email Address: _____

Full Name of Student

Grade

Birthdate

Regular Busing Schedule: CHECK ONE

_____ We are requesting Cornwall-Lebanon School District transportation.

_____ We are not requesting Cornwall-Lebanon School District transportation.

Child Caregiver Information:

If you plan to have your child get on and/or off the bus at a caregiver's location, please complete the section below. This caregiver's location must be located in the Cornwall-Lebanon School District. Each student is assigned to one AM and one PM bus stop only.

Caregiver's Name

Telephone Number (including area code)

Caregiver's Location (this address must be located in the Cornwall-Lebanon School District.)

I am requesting: AM Only _____ PM Only _____ Both AM & PM _____

Submit completed form to:

Cornwall-Lebanon School District
ATTN: Student Transportation Office
105 E. Evergreen Rd.
Lebanon, PA 17042

OR, via email to: clsdtransportation@clsd.k12.pa.us

Please return prior to July 1 for transportation to start the first day of school.

For Office Use Only: