

INTERBORO SCHOOL DISTRICT TRANSPORTATION REGISTRATION FORM - ONLY

Please bring a copy of your current utility bill and photo ID when setting up transportation.

STUDENT INFORMATION:

Full First Name _____ Full Middle Name: _____ Full Last Name: _____

Gender: Male _____ Female _____ Non - Binary _____

School in which your child needs transportation to: _____ Grade _____

Building (if more than one on campus) _____

DOB: ____/____/____ City of Birth: _____ State of Birth: _____

Country of Birth: Date of PA Residence: ____/____/____ OR Born in PA

Hispanic? Yes / No Race (circle all that apply): Native American Indian/Alaskan Native Native Hawaiian/Pacific Islander Black/AA White Asian

Address of Student: _____

Home Phone Number: _____ Student resides with (circle one): Mother & Father Mother Only Father Only Guardian Foster Parent

Does your child have any special needs that we should be aware of: _____

PARENT / GUARDIAN INFORMATION:

Primary Parent / Guardian is the adult who registered the student, will be the first contact, will receive all communication from the transportation department.

Primary Parent / Guardian (who student lives with) Full Name: _____ Relationship to Student: _____

Status (Circle One): Single Married Separated Divorced Guardian Foster Parent If Married... Name of Spouse: _____

Address of Primary Parent / Guardian: _____

Home Phone Number: _____ Work Phone Number: _____ Cell Phone Number: _____

Primary Parent / Guardian Email Address: _____

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Other Parent / Guardian: *This parent will be listed as a 2nd parent and contacted if primary parent cannot be reached.*

Other Parent / Guardian Full Name: _____ Relationship to Student: _____

Address of Other Parent / Guardian: _____

Home Phone Number: _____ - _____ - _____ Work Phone Number: _____ - _____ - _____ Cell Phone Number: _____ - _____ - _____

OTHER PEOPLE LIVING WITH STUDENT:

Name	Age	Relationship to Student	Do they attend a school in Interboro SD?	If "Yes" what school?
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	

PRIMARY PARENT / GUARDIAN SIGNATURE: _____ Date: ____/____/____

REGISTRATION COORDINATOR SIGNATURE: _____ Date: ____/____/____

OFFICIAL USE ONLY	OFFICIAL USE ONLY	OFFICIAL USE ONLY	OFFICIAL USE ONLY	OFFICIAL USE ONLY
Residency Status: <input type="checkbox"/> Resident	Parent Registration Item Checklist: Homeowner _____ Renter _____ Multiple Occupancy _____			
<input type="checkbox"/> Proof of Residency:				
<input type="checkbox"/> Photo ID with Correct Address (or with Update Card / Internet Receipt)				
NOTE _____				
Entered in eSchool: ____/____/____	Uploaded to eSchool: ____/____/____	Emailed information to Transportation Dept.: ____/____/____		
First Day of Transportation: ____/____/____	District Enrolled for Transportation: ____/____/____	Student ID: _____	Entry Code: 01	