



INTERBORO SCHOOL DISTRICT

900 WASHINGTON AVENUE

PROSPECT PARK, PA 19076

MAINTAINED BY THE BOROUGHES OF GLENOLDEN, NORWOOD, PROSPECT PARK AND TINICUM

TRANSPORTATION DEPARTMENT
REGISTRATION DEPARTMENT

PHONE: 610-461-6700

Dear Parent/Guardian,

In preparation for the 2024-2025 school year, this letter includes information if requesting transportation for your child who is attending a non-public school.

Interboro *only* transports students in grades K – 2 and 9 –12 to private schools that are within a 10 - mile radius of the district boundaries. This is the same transportation offered to students that attend Interboro School District schools.

The forms are listed below and attached to this document which can be found on the District website at www.interborosd.org under the Transportation tab.

- Interboro School District Transportation Only Registration Form
- Interboro School District Request for Transport Act. 372 Form

Both forms need to be completed for EACH student who is requesting transportation.

Once you have completed these forms, please email them, along with a current mortgage statement **OR** tax bill **OR** current lease, a copy of a current utility bill and photo id at the address in which you and your child reside with the Interboro School District to Michelle.Colver@interborosd.org.

All students requesting transportation with our district for the 2024-2025 school year will need to complete and submit the two forms attached to this letter by August 1, 2024, to guarantee bussing for the first week of school.

If you do not have a printer or would like to register in person, please stop by the office Mon-Thurs from 8:00-3:00pm, and Wednesdays from 8:00am – 8:00pm.

Regarding early dismissals, we will honor **three** early dismissals of the school's choosing. The district is not responsible to transport students on any additional early days that may be established by the school.

If Interboro School District declares one the following:

- **Weather related school closure** – all transportation is cancelled
- **Weather related virtual day** – all transportation is cancelled
- **Weather related 2 - hour delay** – all transportation provided will operate on a two - hour delay

If the private school declares the following:

- **Private school related delay with no district delay** – private schools must accept the students at regular arrival time, delayed transportation will not be provided.

Prior to the start of the school year, your student's schedule will be emailed to the provided email address on the completed registration form.

Please be advised that parents are required to register their student every school year.

If you have any questions, please contact the Interboro Transportation Office at 610-461-6700 Ext 2330.

Thank you,

A handwritten signature in black ink, appearing to read "Michelle Horst". The signature is fluid and cursive, with a large, stylized initial "M".

Michelle Horst
Supervisor of Transportation
michelle.horst@interborosd.org

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: _____

INTERBORO SCHOOL DISTRICT TRANSPORTATION REGISTRATION FORM - ONLY

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				



INTERBORO SCHOOL DISTRICT 2024-2025
Request for Transportation under Act. 372 Non-Public School Students

Student Information:

Student Name: _____ Grade: _____ Date of Birth: _____

Non-Public School: _____

Home Address: _____

Parent/Guardian Information:

Primary Parent Name: _____

Phone Number: _____ Email: _____

Address: _____

Secondary Parent Name: _____

Phone Number: _____ Email: _____

Address: _____

Transportation Requested:

AM Transportation: _____ Yes _____ No PM Transportation: _____ Yes _____ No

This form must be completed in conjunction with a District Transportation Only Registration form. Both forms must be submitted yearly for each student requesting Non-Public School transportation. To guarantee bussing for the first week of school both forms must be submitted by August 1st prior to the start of the school year. Forms received after August 1st will be processed by order of submission.

Parent Signature: _____ Date: _____