

**PALISADES
SCHOOL DISTRICT**

**2025-26 STUDENT INFORMATION SHEET AND
TRANSPORTATION REQUEST FORM/NON-PUBLIC**

FOR DISTRIBUTION TO ALL PALISADES RESIDENTS ENROLLING IN NON-PUBLIC SCHOOL WHO MAY BE ELIGIBLE FOR TRANSPORTATION (*Even if no transportation is being requested*)

Dear Parent or Guardian;

The Palisades School District provides transportation for non-public school children pursuant to Pennsylvania State Law. Transportation will be provided to and from an accredited non-public school that is located no more than ten (10) miles from the Palisades School District boundaries. If you believe you are eligible for transportation and desire to have it provided for the upcoming school term, **Please fill out this form and return it to your school immediately.** The school will forward all requests to the Palisades School District Transportation Department. Your cooperation in providing complete answers and all information requested will help us to provide the best possible transportation service to all Palisades residents.

REQUEST FOR TRANSPORTATION/STUDENT INFORMATION - ACT #372

Complete a separate form for each child eligible for transportation for school year 2024-25. Please provide all information.

STUDENT INFORMATION: Name _____ D.O.B. ___/___/___

Previous school attended (24-25): _____ Grade(25-26) _____ Age _____.

Mailing Address: _____ Town: _____ State _____ Zip _____

Residence Location _____ Township/Borough _____

SCHOOL INFO: Name of school to be attended (25-26) _____

Address _____ Phone: _____

Student requires transportation for the 25-26 from Palisades SD: **YES** ___ **NO** ___ Effective Date: ___/___/___

If **YES**: _____ This student has never received transportation from Palisades SD

_____ This student received transportation last year from Palisades SD. ___ New address since 6/15/25

Previous (24-25) School _____ Bus# _____ Stop Location _____

_____ This student has special Needs due to physical limitations _____

If **NO**: ___ Student will be transported to & from school by family or friends, AND/OR ___ Student will drive to school.

Please use the reverse side of this form to indicate any medical or personal information you wish to share that could be helpful to the driver or Emergency personnel in the event of an emergency. **All information will be considered confidential and shared on a need to know basis.**

EMERGENCY INFORMATION

Mother/Name: _____

Phone: (home) _____ (Work) _____ Cell: _____

Father/Name: _____

Phone: (home) _____ (Work) _____ Cell: _____

Date: _____ Parent/Guardian Signature: _____

Print Name: _____

**** PLEASE PROVIDE (3) FORMS OF PROOF OF RESIDENCY WITH THIS SUBMISSION. DRIVERS LICENSE, AUTO REGISTRATION, CURRENT UTILITY BILL, CURRENT LEASE OR RESIDENCY AFFIDAVIT, TAX BILL WILL BE ACCEPTED.**