

WELCOME TO  
SUSQUEHANNA TOWNSHIP SCHOOL DISTRICT



*“WORLD CLASS. EVERY DAY. IN EVERY WAY.”*

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STUDENT  
REGISTRATION  
PACKET

**Registrations are completed by appointment only.**

**To schedule an appointment please contact:**

**Office of Student Registration  
2579 Interstate Drive  
Harrisburg, PA 17110  
717-657-5100 Ext. 50147**

## IMMUNIZATION REQUIREMENTS

### Pennsylvania School Immunization Requirements [28 P.S. §23 (C)]

1. All students need the following immunizations to attend school:
  - 4 doses of Tetanus (usually given as DTP or DTaP or DT or TD) with one dose on or after the 4<sup>th</sup> Birthday
  - 4 doses of Diphtheria ( usually given as DTP or DTaP or DT or TD) with one dose on or after the student's 4<sup>th</sup> Birthday
  - 3 doses of Polio
  - 2 doses of Measles (usually given as MMR) with the first dose on or after the 1st birthday
  - 2 doses of Mumps (usually given as MMR) with the first dose on or after the 1st birthday
  - 1 dose of Rubella (German Measles) (usually given as MMR) with the first dose on or after the 1st birthday
  - 3 doses of Hepatitis B
  - 2 doses of Varicella (chickenpox) with the first dose on or after the 1st birthday or history of disease
2. **7th Grade** students need the following additional immunizations to attend school:
  - 1 dose of Tetanus, Diphtheria, Acellar pertussis (Tdap) , if there has been a 5 years lapsed since the student's last Tetanus vaccination
  - 1 dose of Meningococcal Conjugate Vaccine (MCV)

**Written Immunizations Record must include date (month, day, and year) in which the vaccine(s) were administered.**

**Exemptions for either Medical and/or Religious reasons, must be submitted in writing. In the event of a school-related disease outbreak, you student will be removed from school for their safety and well-being.**

**REQUIRED DOCUMENTATION FOR ALL REGISTERING STUDENTS**

**Submission of the mandatory documents listed below must occur prior to any child being accepted as a student within Susquehanna Township School District (STSD).**

The following documentation must be provided for all new and or returning students:

- 1. Proof of Age [24 P.S. §13-1304]**
  - Original or certified official birth certificate, baptismal certificate, passport, and other approved governmental documentation verifying birthdate.
- 2. Immunization Records [24 P.S. §13-1303a]**
  - Certificate of immunization issued in accordance with the rules and regulations of the Pennsylvania Secretary of Health and the Advisory Health Board.
  - Students who are not immunized as required by the Pennsylvania Department of Health, or who are not medically and/or religiously exempt, may not be admitted into STSD.
- 3. Proof of Residence**
  - Application for registration must be accompanied by a document from both List A and List B below:  
**List A—Primary Proof of Residency**
    1. A recorded deed indicating address of residence, and name(s) of property owner(s) for an improved property within the district
    2. A mortgage settlement document(s) indicating address of residence and name(s) of property owner(s)
    3. Payment, or proof of liability for payment, of municipal and/or school district taxes for an improved property within the district for the current or immediately preceding tax year
    4. A signed lease agreement providing for occupancy of a residence or residential unit within the district
    5. A signed agreement of sale for the purchase of a residence or residential unit within the district
    6. A signed contract for the construction of a residence within the district, together with a copy of the building permit and/or other applicable permits
    7. Any other documentation acceptable to school officials which provides satisfactory evidence of residency or impending residency  
**List B—Secondary Proof of Residency**
    1. Pennsylvania Driver's License indicating an address within the district
    2. Pennsylvania identification card indicating an address within the district
    3. Pennsylvania automobile registration indicating an address within the district
    4. Utility bills indicating payment of utilities due to occupancy of a residence within the district
    5. Signed income tax return filed for the current or immediately preceding tax year indicating an address within the district
    6. Current check stubs from wages, public assistance, social security or other source of income indicating an address within the district
    7. Occupancy permit issued by the local municipality for the residence in question
    8. Any other documentation acceptable to school officials which provides satisfactory evidence of an address within the district
- 4. Parent Registration Statement [24 P.S. §13-1304a]**
  - Parent Registration Statement attesting to whether the student has been or is suspended or expelled for offenses involving drugs or alcohol, weapons or violence

**ADDITIONAL DOCUMENTATION REQUIRED FOR NON-BIOLOGICAL CHILD(REN)**

The mandated documents below shall be completed and filed with the school district prior to any child being accepted as a pupil. Applications for registration of students not residing with their parent or guardian must contain the following in addition to all other required documents:

- 1. Foster Children [24 P.S. §13-1305]**
  - Original letter from the court, association, agency or institution indicating compensated placement with the resident, and the resident school district of the natural parent(s) and;
  - Signed sworn statement that the child has been placed by a bona fide agency in the home of the resident with compensation
- 2. Other Children, Not One's Own [24 P.S. §13-1302]**
  - Appropriate legal documentation to show dependency/guardianship (Custody orders or agreements are not valid proof of guardianship.
  - Signed sworn statement that the child is being supported gratis and the resident will continuously assume all personal obligations for the child relative to school supported by one of the following:
    1. Copy of federal or state tax form which lists child as a dependent of resident, or;
    2. Copy of insurance policy/card/statement listing child as eligible for services, or;
    3. Proof of parents' active military deployment

A child considered a resident of the Susquehanna Township School District, per his/her parent(s) and/or guardian(s) place of residence; will be enrolled in the appropriate school building in accordance with the established school district attendance areas.

**SUSQUEHANNA TOWNSHIP SCHOOL DISTRICT  
STUDENT REGISTRATION FORM**

<b>General Student Information</b>					Changes within section? <input type="checkbox"/> Y <input type="checkbox"/> N	
Student's Name:			Birthdate:		Age:	
Gender:		Current/Incoming Grade:		Proof of Age Documentation Attached? (Yes/No)		
Name of Previous School Attended :						
Address of Previous School Attended:						
Telephone Number of Previous School Attended :				Fax Number of Previous School Attended :		
Is the student returning to Susquehanna Township School District? (Yes/No)				If yes, what is the name of the previous school building:		
Has the student ever attended another school in PA? (Yes/No)				If yes, list name of school and grade:		
Has the student ever attend school <u>outside</u> of the United States? (Yes/No)				If yes, what country:		
If Yes, what year did the student first attend school within the United States?						
<b>Ethnicity</b>				Changes within section? <input type="checkbox"/> Y <input type="checkbox"/> N		
Select Primary Ethnicity:			1=Non-Hispanic 2=Hispanic			
<b>Select All Applicable Categories</b>					Changes within section? <input type="checkbox"/> Y <input type="checkbox"/> N	
American Indian/Alaska Native		Black/African American		Native Hawaiian/Other Pacific Islander		
Asian		Caucasian/White		Other		
<b>Student Miscellaneous Information</b>					Changes within section? <input type="checkbox"/> Y <input type="checkbox"/> N	
Student's Native Language:			Is the student a U.S. Citizen? (Yes/No)			
City, State and Country of Student's Birth:						
Is there a Custody Order involving this student? (Yes/No)						
If Yes, please provide a copy to the Student Registrar, in order for the District to abide by its contents.						
Is this student in the custody of someone other than a parent? (Yes/No)				If Yes, what is the relationship?		
<b>Educational Services</b>					Changes within section? <input type="checkbox"/> Y <input type="checkbox"/> N	
Check ALL services that your child is currently receiving:						
Individualized Education Plan (Special Education Services)		IST (Instructional Support Team)		Section 504/Chapter 15 Service Agreement (Special Accommodations for Health/Physical needs)		
Early Intervention Program		Speech/Language Support		Gifted Individualized Education Plan (Gifted Education Services)		
Remedial Math (Extra Help)		Remedial Reading (Extra Help)		ESL (English as a Second Language)		
<b>FOR OFFICE USE ONLY</b>						
Student ID#:		Family ID#:		Date Entered/Reentered:		Entry Code:
Attending Building:						
Bus Assignment:		Bus #	Time	Stop Name		Stop ID#
AM						
PM						
Special transportation needs? <input type="checkbox"/> NONE <input type="checkbox"/> Wheel chair <input type="checkbox"/> Seat Belt <input type="checkbox"/> Lift <input type="checkbox"/> Harness <input type="checkbox"/> Aid <input type="checkbox"/> Door-to-Door <input type="checkbox"/> Other						
If <b>Other</b> , please explain:						
Institutionalized Child (1306) <input type="checkbox"/> Y <input type="checkbox"/> N (If yes, complete PDE-4605 and submit to child accounting)						
Foster Child (1305) <input type="checkbox"/> Y <input type="checkbox"/> N (If yes, attach 1305 – Affidavit)						

**Phone Types: 06 – Home Telephone | 11 – Personal Cell | 18 – Work Telephone**

Parent/Guardian 1 (Primary Contact with whom student resides)					Changes within section? <input type="checkbox"/> Y <input type="checkbox"/> N	
		Y/N	Y/N	Y/N	Y/N	
(Name)	(Relationship)	(Custody)	(Legal Guardian)	(Receive mail)	(pick up from school)	
(Address)			(City)	(State)	(Zip Code)	
Phone 1 – Type:		Phone 2 – Type:		Phone 3 – Type:		
(Number)	(Ext)	(Number)	(Ext)	(Number)	(Ext)	
Place of Business:			Email Address:			

Parent/Guardian 2 (Other adult with whom student resides)					Changes within section? <input type="checkbox"/> Y <input type="checkbox"/> N	
		Y/N	Y/N	Y/N	Y/N	
(Name)	(Relationship)	(Custody)	(Legal Guardian)	(Receive mail)	(pick up from school)	
(Address)			(City)	(State)	(Zip Code)	
Phone 1 – Type:		Phone 2 – Type:		Phone 3 – Type:		
(Number)	(Ext)	(Number)	(Ext)	(Number)	(Ext)	
Place of Business:			Email Address:			

Parent/Guardian 3 (Does not live with student)					Changes within section? <input type="checkbox"/> Y <input type="checkbox"/> N	
		Y/N	Y/N	Y/N	Y/N	
(Name)	(Relationship)	(Custody)	(Legal Guardian)	(Receive mail)	(pick up from school)	
(Address)			(City)	(State)	(Zip Code)	
Phone 1 – Type:		Phone 2 – Type:		Phone 3 – Type:		
(Number)	(Ext)	(Number)	(Ext)	(Number)	(Ext)	
Place of Business:			Email Address:			

Day Care Provider / Babysitter				Changes within section? <input type="checkbox"/> Y <input type="checkbox"/> N		
		Y/N				
(Name)	(Relationship)	(pick up from school)				
(Address)			(City)	(State)	(Zip Code)	
Phone 1 – Type:		Phone 2 – Type:		Phone 3 – Type:		
(Number)	(Ext)	(Number)	(Ext)	(Number)	(Ext)	
Place of Business:			Email Address:			

Emergency Contact 1 – Additional contact to notify in Emergency					Changes within section? <input type="checkbox"/> Y <input type="checkbox"/> N	
		Y/N				
(Name)		(Relationship)		(pick up from school)		
(Address)						
(City)			(State)		(Zip Code)	
Phone 1 – Type:		Phone 2 – Type:			Phone 3 – Type:	
(Number)		(Ext)	(Number)		(Ext)	(Number)
Place of Business:				Email Address:		
Emergency Contact 2 - Additional contact to notify in Emergency					Changes within section? <input type="checkbox"/> Y <input type="checkbox"/> N	
		Y/N				
(Name)		(Relationship)		(pick up from school)		
(Address)						
(City)			(State)		(Zip Code)	
Phone 1 – Type:		Phone 2 – Type:			Phone 3 – Type:	
(Number)		(Ext)	(Number)		(Ext)	(Number)
Place of Business:				Email Address:		
Physician/Health Information					Changes within section? <input type="checkbox"/> Y <input type="checkbox"/> N	
Physician Name:					Phone:	
Physician Address:						
Medical Ins. Provider:				Dental Ins. Provider:		
Is your child under medical care? (Yes/No) If yes, please give reason:						
Does your child have any allergies? (Yes/No) If yes, please list:						
<p>In case of an accident or illness requiring emergency care, I request the school to contact me. If the school is unable to reach me immediately, I hereby authorize the school to call the physician indicated above and follow his/her instruction. If it is impossible to contact the physician immediately, I hereby authorize the school authorities to make whatever arrangements that they deem necessary under the circumstances for treatment. In emergency situations where a student needs transportation via ambulance to a hospital, the student will be transported to the nearest hospital within the ambulance service area.</p>						
Parent/Guardian Signature: _____					Date: _____	
Additional Household Information					Changes within section? <input type="checkbox"/> Y <input type="checkbox"/> N	
Will the student be riding the bus to/from somewhere other than the home residence? (Yes/No)						
If Yes, please indicate the details on the Student Transportation Form.						
Are you a migrant farm Worker? (Yes/No)			If Yes, please complete a CHILDREN OF MIGRANT WORKERS Form			
List information for other children residing within in your home:		1.) Full Name _____ Birthdate _____ Grade ____ School _____				
		2.) Full Name _____ Birthdate _____ Grade ____ School _____				
		3.) Full Name _____ Birthdate _____ Grade ____ School _____				
		4.) Full Name _____ Birthdate _____ Grade ____ School _____				
The student's primary residence is: (Apartment, Single Family Home, Campground/Campsite, Car, Shelter, Multi-Family Home, Hotel/Motel, Other)						
Name of Development/Subdivision:					Lot #:	

## STUDENT COMPUTER USE CONTRACT

### Student Contract:

I have read this policy for use of technology resources in the Susquehanna Township School District. I understand and will abide by the policy. I further understand that violation of the regulations is unethical, a violation of school rules, and may constitute a criminal offense. Should I commit any violation, I understand that my access privileges may be revoked and school disciplinary action may be taken. These include, but are not limited to, suspension and removal from the class with a failing grade.

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

### Parent/Guardian:

As the parent or guardian of this student, I have read this policy for acceptable use of technology resources in the Susquehanna Township School District. I understand that this access is designed for educational purposes and that the District has taken available precautions to eliminate controversial material. However, I also recognize it is impossible for Susquehanna Township School District and its system administrators to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission to issue an account for my child and certify that the information contained on this form is correct.

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_

# Susquehanna Township School District

## Media Release Contract

Photographs/videotape may be used in district publications, video productions, newspapers, the district website and on television. The photos will only be used to portray students in a positive way, and to illustrate their achievements and accomplishments. Please note that this approval form does not include individual school portraits, photos for cafeteria post of sale system and official group photos of class activities. This contract will follow the student through all grades and schools within the Susquehanna Township School District.

\_\_\_\_\_ I **give my permission** for photographs or videotapes of my child to be used in district publications, the district website, or sent to the media. If I choose to revoke my child's permission, I agree to notify my child's building principal in writing.

\_\_\_\_\_ I **do not wish** to have my child's photograph used in district publications, web site or other productions.

Student Name: \_\_\_\_\_

(please print)

Parent Name: \_\_\_\_\_

(please print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## PARENTAL REGISTRATION SWORN STATEMENT

Pennsylvania School Code § 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn *statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.*"

### Please complete the following:

I hereby swear and/or affirm that my child **(check one)**  **was** /  **was not** previously suspended or expelled; and/or **(check one)**  **is** /  **is not** presently suspended or expelled from any public or private school of this Commonwealth and/or any other state (s) for an act and/or offense involving weapons, alcohol and/or drugs, nor for the willful infliction of injury to another person and/or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. § 13-1304-A (b) and 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been and/or is presently suspended/expelled from another school, please complete the following:

- Name of the school from which student was suspended or expelled \_\_\_\_\_
- Dates of suspension or expulsion \_\_\_\_\_
- Reason for suspension/expulsion (optional) \_\_\_\_\_

(Please provide additional schools and dates of suspension(s)/ expulsion(s) on the reverse side of this form)

**I ASSERT THAT THE FACTS SET FORTH HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT IT IS A SUMMARY CRIMINAL OFFENSE TO KNOWINGLY PROVIDE FALSE INFORMATION IN THIS SWORN STATEMENT FOR THE PURPOSE OF ENROLLING A CHILD IN THE DISTRICT'S SCHOOLS, AND THAT THE PENALTY FOR SUCH AN OFFENSE IS A FINE OF NOT MORE THAN THREE HUNDRED DOLLARS (\$300), OR 240 HOURS OF COMMUNITY SERVICE, OR BOTH, IN ADDITION TO PAYMENT OF THE DISTRICT'S COURT COSTS AND TUITION FEES.**

I further certify that I will notify the Susquehanna Township School District immediately in the event that the facts set forth herein shall no longer be correct or shall change. I also certify that I will cooperate with and be responsive to requests for information or investigation concerning the continuing validity of this sworn statement.

I, the resident, have read and understand the contents of this document and have received a copy for my keeping. I have received a copy of the Pennsylvania school immunization requirements and required documents for application for registration for school attendance in Pennsylvania. I understand that my child will not be officially enrolled in the Susquehanna Township School District, until all required documentation has been received and approved by the appropriate District authorities. Through my witnessed signature, I grant the Susquehanna Township School District permission to investigate the above information that I have presented in this sworn statement for confirmation and factual accuracy.

\_\_\_\_\_  
Signature Witnessed by

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**SUSQUEHANNA TOWNSHIP SCHOOL DISTRICT**  
**DISTRICT RESIDENCE AFFIDAVIT**

I/We, the undersigned, attest that all information provided here is correct and/or current. I/We understand that if the residence should change, for any reason, it is the responsibility of the resident to notify Susquehanna Township School District and amend the residence affidavit. Any false statements can and will be punishable by Law.

I/We, \_\_\_\_\_, currently reside at  
 (Address) \_\_\_\_\_

and have a current telephone number of \_\_\_\_\_.

**I/We are the homeowner(s) of the above property.**    Y    N    If no, please complete the Landlord Verification box. (below)

\*\*Attach copies of documents - one from List A and one from List B

**List A**

- Deed     Mortgage     Property Tax Bill     Lease     Settlement/Sales Agreement     Construction Contract/Building Permit

**List B**

- PA Driver's License/ID card     PA auto registration     Utility Bill     Tax Return     Current Check Stub  
 Occupancy Permit     Other \_\_\_\_\_

**Homeowner Verification:**

The owner of the home in which I/we reside is \_\_\_\_\_

The homeowner has a current telephone number of \_\_\_\_\_.

Approval has been granted for \_\_\_\_\_ to reside with me/us at the address identified above.

Homeowner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Landlord Verification:**

My/our Landlord's name is \_\_\_\_\_ and his/her telephone number is  
 \_\_\_\_\_. I/We have provided the school district with a copy of our current lease.

Through my witnessed signature, I/we grant the Susquehanna Township School District permission to investigate the above information that I/we have presented in this affidavit for confirmation and factual accuracy.

\_\_\_\_\_  
 Resident Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Resident Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature witnessed by

\_\_\_\_\_  
 Date

Building \_\_\_\_\_

**SUSQUEHANNA TOWNSHIP SCHOOL DISTRICT  
CONSENT FOR RELEASE OF STUDENT RECORDS**

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**Student Information**

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Name of Previous School Attended: \_\_\_\_\_

Address of Previous School Attended: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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**Failure to provide the above information may delay enrollment**

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**Information Requested**

**Susquehanna Township School District may have a copy of or access to the following part(s)  
of \_\_\_\_\_ 's School Record:**

- Official Administrative Record  
(Name, Address, Birth Date, Grade Level completed, Grades, Class Standing, Attendance Record)
- Standardized Achievement Test Scores
- Intelligence and Aptitude Test Scores
- Personality and Interest Test Scores
- Teacher and Counselor Observations and Ratings
- Act 26 Records
- Family Background Data
- Health Records
- Psychological Records - to include Individualized Education Program (IEP) and Evaluation Report (ER).

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

\_\_\_\_\_  
Date

**Please forward records to:**

Susquehanna Township School District  
Attn: Office of Student Registration  
2579 Interstate Drive  
Harrisburg, PA 17110  
Telephone: 717-657-5100 Ext. 50147  
Fax Number: 717-724-1851

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

Federal Law 99.21 "No parent signature required for educational records sent to another educational agency".

**SUSQUEHANNA TOWNSHIP SCHOOL DISTRICT  
HOME LANGUAGE SURVEY**

The Office of Civil Rights (OCR) requires that school districts identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. What is/was the student's first language? \_\_\_\_\_

2. Does the student speak a language(s) other than English?  Y  N  
(Do not include languages learned in school)

If yes, specify the language(s): \_\_\_\_\_

3. What language(s) is/are spoken in your home? \_\_\_\_\_

4. Date student entered the United States: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Date of Birth if student was born in U.S.)

5. Has the student attended any United States school in any 3 years during his/her lifetime?  
 Y  N

If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

\* The school district has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district may conduct screenings or ask for related information about students who are already enrolled in the school as well as students who enroll in the school district in the future.

SUSQUEHANNA TOWNSHIP SCHOOL DISTRICT  
Harrisburg, Pennsylvania 17110

**STUDENT TRANSPORTATION FORM**

A. **Student's Name** \_\_\_\_\_  
School \_\_\_\_\_ Current Grade \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Home Address \_\_\_\_\_

**B. Transportation Request:**

\_\_\_ New student to the district  
\_\_\_ Change in current transportation assignment, effective \_\_\_\_\_

**To insure the safety of our students there could be a up to a five day waiting period, during the school year, for your change request to be completed.**  
**Requests/assignments can only be made within district boundaries. They cannot vary day to day. See policy reverse side. Any change requires the completion of another form**

School Hours: Grades Kdg-5: 8:45-3:30; M.S. 7:40-2:37; H.S. 7:40-2:37

\_\_\_ I would like my child transported daily to and from our home address, which is noted above.

\_\_\_ I **do not** want my child transported **to and from** our home address. Please pick up my child

AM daily at \_\_\_\_\_  
(Address)

PM return to \_\_\_\_\_  
(Address)

The person responsible for my child is \_\_\_\_\_

Their phone is \_\_\_\_\_.

Note: If your child is in the YMCA After-School Care Program, this section should be used.

**C. If your child is currently enrolled in Susquehanna Township schools, please complete present transportation information:**

AM Bus Stop (Address) \_\_\_\_\_ AM Bus # \_\_\_\_\_

PM Bus Stop (Address) \_\_\_\_\_ PM Bus # \_\_\_\_\_

**To insure the efficient operation of our transportation department we ask that summer changes be submitted no later than two weeks prior to the start of the school year. Changes received in that two week period may not be effective until after Labor Day.**

D. \_\_\_\_\_  
Parent/Guardian Signature Date