



**South Eastern School District  
Transportation Department  
377 Main Street  
Fawn Grove, Pennsylvania 17321**

**NON-PUBLIC SCHOOLS**

STUDENT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF FIRST DAY OF SCHOOL FOR STUDENT: \_\_\_\_\_

CHECK ONE:      AM TRANSPORTATION      \_\_\_\_\_  
                          PM TRANSPORTATION      \_\_\_\_\_  
                          BOTH AM & PM      \_\_\_\_\_  
                          NONE NEEDED      \_\_\_\_\_

PHYSICAL GEOGRAPHICAL DESCRIPTION OF WHERE YOU LIVE (ROUTE#, ROAD/ STREET, HOUSE)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order to assure transportation arrangements for the **2024-2025** school year, please return this form to the "Transportation Director" at the address listed above by **June 30, 2024**. You will be notified in August of the time and location of the bus stop and other details of the student's transportation.

**TO BE COMPLETED BY SOUTH EASTERN SCHOOL DISTRICT**

BUS NUMBER \_\_\_\_\_

BUS STOP \_\_\_\_\_

TIME AM \_\_\_\_\_ PM \_\_\_\_\_