SPRING GROVE AREA SCHOOL DISTRICT

100 East College Ave., Spring Grove, PA 17362
(717) 225-4731 ext. 3024 or fax: (717) 225-6028

Attendance and transportation information must be completed for ALL students residing in the Spring Grove Area School District whether they are using the service or not. The information provided below should be for the 2019 - 2020 school years.

Attending School: _____

Student Name: _____

Address: _____

I request transportation for:

[ ] morning only [ ] afternoon only

[ ] morning and afternoon [ ] NO TRANSPORTATION.

You MUST provide directions to your home. Include road name, the closest intersecting road, approximate distance to the intersection and landmarks if applicable.

_____

_____

_____

Home Phone # _____

Emergency # and/or Cell # _____

**Emergency contact person: _____

Grade: _____ Age: _____ Birth Date: _____

Parent/Guardian with whom student resides: _____

[ ] I am a resident of the Spring Grove Area School District.

Parent's Signature: _____ Date _____

**Please call the Transportation Office when you do NOT need morning transportation! Call - 225-4731 extension 3024.

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This is to certify that the above named child is enrolled in our school.

Principal or Designee's Signature: _____

Starting Date: _____

If you have any questions, please contact Lori Stine, Transportation Coordinator at (717) 225-4731 ext. 3024 or e-mail @ stinel@sgasd.org