

Cornwall-Lebanon School District

Non-Public School Enrollment/Request for Transportation Form

Non-Public School Name: _____ School Year: _____
Parent or Guardian's Full Name: _____
Home Phone: _____ Emergency Contact Name: _____
Emergency Contact Phone: _____
Student's Street Address: _____ Zip: _____
Email Address: _____

Full Name of Student

Grade

Birthdate

Regular Busing Schedule: CHECK ONE

- We are requesting Cornwall-Lebanon School District transportation.
 We are not requesting Cornwall-Lebanon School District transportation.

Child Caregiver Information:

If you plan to have your child get on and/or off the bus at a caregiver's location, please complete the section below. This caregiver's location must be located in the Cornwall-Lebanon School District. Each student is assigned to one AM and one PM bus stop only.

Caregiver's Name Telephone Number (including area code)

Caregiver's Location (this address must be located in the Cornwall-Lebanon School District.)

I am requesting: AM Only PM Only Both AM & PM

Submit completed form to: Cornwall-Lebanon School District
ATTN: Student Transportation Office
105 E. Evergreen Rd.
Lebanon, PA 17042
OR, via email to: clsdtransportation@clsd.k12.pa.us

Please return prior to July 1 for transportation to start the first day of school.

For Office Use Only: