

**AREA SCHOOL DISTRICT 2022 –SY**  
**LOURDES Student Enrollment Form/Transportation Request**

**Date**

<b>STUDENT NAME</b>			
<b>LAST NAME</b>	<b>FIRST NAME</b>		<b>MIDDLE INITIAL</b>
<b>DATE OF BIRTH</b>	<b>GRADE</b>	<b>GENDER</b>	<b>LOURDES ID #</b>
<b>ADDRESS – Street, Box Number</b>			
City, Township, State, Zip Code			
If rural, give location – East Cameron, Shamokin Township, etc.			
<b>HOME PHONE NUMBER</b>		<b>CELL PHONE NUMBER</b>	
<b>MOTHER/GUARDIAN NAME</b>			<b>RELATIONSHIP TO STUDENT</b>
MOTHER/GUARDIAN ADDRESS & CONTACT NUMBER IF DIFFERENT FROM STUDENT INFO ABOVE			
<b>FATHER/GUARDIAN NAME</b>			<b>RELATIONSHIP TO STUDENT</b>
FATHER/GUARDIAN ADDRESS & CONTACT NUMBER IF DIFFERENT FROM STUDENT INFO ABOVE			

**Other children grades K4 – 12 at same address**

Sibling Full Name	Gender	Grade	DOB	School (ie. Lourdes, Shamokin, Other)
Sibling Full Name	Gender	Grade	DOB	School (ie. Lourdes, Shamokin, Other)
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<b>Custody Information – If applicable</b>				

**TRANSPORTATION INFORMATION**

<b>If your child needs transportation to a different address than the student’s home, complete the section below:</b>	
Your child will be assigned a bus to/from their home address, unless you indicated you prefer a bus to/from daycare, grandparent address, etc. Feel free to contact our office at 570-648-5752, extension 4112, if you have any transportation questions. Thank you. Shamokin Area School District, Transportation Office	Name
	Address
	Phone Number

**FOR PERSONNEL USE ONLY**

**LOURDES**

Employee Initials: \_\_\_\_\_

cc: Area School District (date sent) \_\_\_\_\_

**AREA SCHOOL DISTRICT**

Employee Initials: \_\_\_\_\_

Cc: Klinger’s Bus Company (date sent) \_\_\_\_\_