

AREA SCHOOL DISTRICT 2023 – 2024 SY
Lourdes Student Enrollment Form/Transportation Request

Date

STUDENT NAME			
LAST NAME	FIRST NAME		MIDDLE INITIAL
DATE OF BIRTH	GRADE	GENDER	STUDENT ID #
ADDRESS – Street, Box Number			
City, Township, State, Zip Code			
If rural, give location			
HOME PHONE NUMBER		CELL PHONE NUMBER	
MOTHER/GUARDIAN NAME			RELATIONSHIP TO STUDENT
MOTHER/GUARDIAN ADDRESS & CONTACT NUMBER IF DIFFERENT FROM STUDENT INFO ABOVE			
FATHER/GUARDIAN NAME			RELATIONSHIP TO STUDENT
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)
Sibling Full Name	Gender	Grade	DOB	School (ie. Lourdes, Shamokin, Other)
Custody Information – If applicable				

TRANSPORTATION INFORMATION

If your child needs transportation to a different address than the student’s home, complete the section below:	
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: School District (date sent) _____

SCHOOL DISTRICT

Employee Initials: _____

Cc: Bus Company (date sent) _____