



EAST ALLEGHENY TRANSPORTATION



REQUIRED DOCUMENTATION FOR ENROLLMENT FOR TRANSPORTATION (Students attending Non-Public, Private, or Charter Schools)

Registration must be done in person at the
Central Registrar's Office Located at Logan School

Student's Name: _____

School: _____

_____ Current Lease, Mortgage Statement or Deed (Must be original)

_____ Two (2) additional Proofs of Residency – Any combination of the following:

- PA Driver's License
- DOT Identification Card
- Current Utility Statement
- Property Tax Bill

_____ Child's Birth Certificate, Passport, Baptismal Certificate (Must be Original)

_____ Enrollment for Transportation Form

_____ Authorization for Verification of Address

_____ Attending School must fax Verification of Enrollment to 412-824-6095

Transportation Eligibility Requirements:

- Legal resident of North Versailles, East McKeesport, Wilmerding or Wall
- Student must be five (5) years old before September 1st.

If your school accepts students younger than East Allegheny School District's September 1st cutoff age of five, they **WILL NOT BE** transported by the East Allegheny School District. There will be no exceptions to this policy.

East Allegheny School District
1150 Jacks Run Road
North Versailles, PA 15137
412-824-8012

6/2015

EAST ALLEGHENY SCHOOL DISTRICT

1150 JACKS RUN ROAD
NORTH VERSAILLES, PA 15137
412-824-8012

NON-PUBLIC, PRIVATE OR CHARTER SCHOOL ENROLLMENT FOR TRANSPORTATION

EASD Student ID #: _____

School: _____ Date: _____

Student Name: _____			
_____	_____	_____	_____
Last Name	First Name	MI	
_____		_____	_____
Address		City	State Zip Code
Gender: _____	Birthdate: ____/____/____	Grade: _____	Telephone: _____
			Cell Phone: _____
Ethnic Group (Required):			
<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic
<input type="checkbox"/> White	<input type="checkbox"/> Multi-racial		

Parent/Guardian:	
1. _____	Work #: _____
	Cell #: _____
2. _____	Work #: _____
	Cell #: _____

Emergency Contact:	
1. _____	Phone #: _____
Relationship: <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Neighbor/Friend <input type="checkbox"/> Other _____	



EAST ALLEGHENY SCHOOL DISTRICT

***Authorization for Verification of Address
Release of Information Agreement***

(The information contained in this form will only be used in cases where additional verification of residency is needed or if fraudulent information is suspected.)

(Parent or Legal Custodian will print his/her name and address)

I, _____, do hereby give the East Allegheny School District authorization to contact any or all of the following to obtain verification of my address which is on file, or which I have used in filing forms with them. I further authorize the agency or employer contacted to release the requested information which will verify my address upon receipt of a photocopy or electronically transmitted copy of this form.

1. Internal Revenue Service
2. Employer – Name, Address, and Phone _____

3. Welfare agency or Related Health Services Agencies
4. Bureau of Motor Vehicles
5. Children & Youth Services
6. Landlord of Previous Address – Name and Phone _____

7. Landlord of Current Address – Name and Phone _____

Signature of Registering Parent/Guardian

Date

Address

Phone Number