



SELINGROVE AREA SCHOOL DISTRICT

Transportation Coordinator ◇ Mark Wolfberg

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Dear Parents/Guardian of Non-Public School Students from the Selinsgrove Area School District:

Enclosed is a Selinsgrove Area School District – General Information Form. Each family that lives in the Selinsgrove Area School District, and is sending their child/children to a non-public school must register with the Selinsgrove Area School District. A SEPARATE FORM IS TO BE COMPLETED FOR EACH CHILD. ALSO, A NEW FORM MUST BE COMPLETED BEFORE THE START OF EACH SCHOOL YEAR.

The General Information form must be filled out and returned to the Selinsgrove Area School District directly to me at the above address or faxed to me.

If you have any questions please contact me.

Respectfully,

**Mark Wolfberg
Transportation Office**

*** Web Site – www.seal-pa.org.**

When you reach the district home page, click on “Departments” then “Transportation”. Next click on “Forms”. Here you can access and print the “Non-Public Transportation Form”.

**SELINGROVE AREA SCHOOL DISTRICT
GENERAL INFORMATION - Non-Public School**

(Circle One) M / F

Student's Name (Last) (First) (MI)

Birth Date Place of Birth Grade

Street Address Apt Zip Boro/Township

Home Phone # Emergency Phone # Cell Phone#

Please circle: (Transportation) Yes No

Location of Home (Name of two closest roads/streets)

Name of Mother/Guardian with whom student lives Name of Father/Guardian with whom student lives

Name of School That Student is Going To Attend Parent/Guardian E-Mail

Has your child attended Selinsgrove Area Schools Before? Yes ___ No ___ Year _____

Should a situation requiring emergency hospital treatment occur, every effort will be made to contact the parent/guardian or designee. If no contact can be made, please check one of the hospitals below to indicate which hospital your child may be referred to. If no preference is indicated, student will be transported to the nearest facility.

In Case of Emergency Contact: (during school hours) Name Relationship Telephone

If no answer contact: Name Relationship Telephone

Family Physician: Name Address Telephone

Hospital Preferred: Sunbury /Community ___ Danville/Geisinger ___ Lewisburg/Evangelical ___

I give my permission for the school/hospital to arrange such emergency transportation and treatment as needed and will assume responsibility for fees incurred: Yes ___ No ___

I further authorize the Selinsgrove Area School District to video and audio tape my child if they ride any vehicle that may be equipped with the monitoring equipment.

Signature of Parent/Guardian _____ Date _____

(FOR SCHOOL USE ONLY)

Bus No. _____ Loading Location _____

School Year: _____