

**KENNETT CONSOLIDATED SCHOOL DISTRICT
STUDENT TRANSPORTATION REGISTRATION FORM**

Complete a separate form for each student.

Change of Address

School: _____ School Year: _____

Student First Name: _____ Middle Name: _____ Last Name: _____

Gender: M F Phone Number: _____ Date of Birth: _____ Grade: _____

Residence Address:
House # and Street _____

City, State, Zip: _____

Mailing Address:
(If different) _____

City, State, Zip: _____

Parent Name: _____ Phone Number: _____ Email: _____

Parent Name: _____ Phone Number: _____ Email: _____

Emergency Contact: _____ Phone Number: _____

Type of Busing Requested: AM ONLY PM ONLY AM & PM No Busing

Parent Signature: _____ Date: _____

Please return to: kcsdtransportation@kcsd.org
or
200 East South Street
Kennett Square, PA 19348

Questions: 610-444-6619