

Hanover Area School District
Department of Transportation

Non-Public Student Information

Last Name _____ First Name _____ M.I. _____

Gender _____ Date of Birth _____

Address: _____

Municipality: _____ City: _____ Zip Code _____

Home Phone _____ Cell Phone: _____

School/Building: **Bear Creek** Grade: _____

Parent/Guardian Information

Last Name: _____ First Name _____

Relationship to Student: _____

Address (if different from Student) _____

Home Phone: _____ Cell Phone: _____

Employer _____ Work Phone _____

Mode of Transportation Required:

HASD Busing _____ Provides Own Transportation _____ Walker _____