



**Hanover Area School District**

Transportation Office  
1600 Sans Souci Parkway  
Hanover Township, PA 18706  
Phone: 570-831-2300 | ext. 179  
Fax: 570-822-6776

**REQUEST FOR TRANSPORTATION UNDER ACT 372**

**Parents:** Please fill in form and return to our office as soon as possible **whether or not** you will need bus transportation for your child. *Your child will not be scheduled for transportation if a completed form is not submitted to the District Transportation Office.*

Child's Name(s): \_\_\_\_\_

Child's Address: \_\_\_\_\_

School District of Residence: \_\_\_\_\_

Name of Non-Public School Attending: \_\_\_\_\_

School Year: 2022-2023 Grade in Sept: \_\_\_\_\_ DOB: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

If child received transportation from this School District in previous years, please indicate the bus stop. \_\_\_\_\_

Check what transportation you will need:

AM only     PM only     Both AM & PM     No Transportation Needed

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* Should you change schools once a new school year has begun, immediately notify our office of the school you are exiting and the new school where you will be enrolling your child.**

Hanover Area School District  
1600 Sans Souci Parkway  
Hanover Township, Pa 18706  
570-831-2314, Ext 124

**IMPORTANT - PLEASE READ**

All students who reside in the Hanover Area School District and attend a Non-Public/Private School **MUST** complete this Enrollment Packet.

To Parents/Guardian of Non-Public School Students:

Students residing within the boundaries of the Hanover Area School District who attend a non-public/private school **must** be entered and accounted for in our *CSIU* student information system. To facilitate this task, it is essential for the parent/guardian of every non-public/private student to complete the Hanover Area School District Non-Public/Private School enrollment packet and submit it to the Hanover Area School District with copies of all requested documents (**please see below**). This packet includes a Busing Registration Form, which must be submitted annually even if your child **does not** utilize Hanover Area school transportation.

The completed enrollment packet and busing registration form may be sent by fax to 570-408-1152; scanned and emailed to [mredick@hanoverarea.net](mailto:mredick@hanoverarea.net); or mailed to:

Hanover Area School District  
ATTN: Maribeth Redick, Registrar  
1600 Sans Souci Parkway  
Hanover Township, PA 18706

Should you have any questions or concerns, please feel free to contact Maribeth Redick at 570-831-2314 Ext. 124.

This packet is not complete without submitting copies of the following documents:

- Student's Birth Certificate
- (3) Proof of Residency (see next page for acceptable documents)
- If the Child is living with someone other than the Natural Parent/Legal Guardian**, the person taking on the responsibility **MUST** submit copies of the following:
  - Court Order / Custody Agreement
  - Foster Letter from Agency
  - Notarized Letter from the Parent** giving Guardianship to that person (must be updated yearly)

Hanover Area School District  
Office of Registration/Pupil Services

**Acceptable Proofs of Residency (Three Required)**

**The initial proof of residency document should be one of the following:**

- Property Deed
- Agreement of Sale/Mortgage Document
- Lease Agreement containing your name and verified by building owner

**Additionally, support the above document with any two of the following:**

- Property tax bill
- Copy of State/Federal program enrollment (including, but not limited to, TANF or CHIP)
- W-2 statement/IRS statement or tax return
- Homeowner's/Tenant's insurance statement
- Current utility bill

HANOVER AREA SCHOOL DISTRICT  
STUDENT REGISTRATIONS  
PRIVATE – NON-PUBLIC

Registration Date	Has the child ever been enrolled at Hanover Area? Yes <input type="checkbox"/> No <input type="checkbox"/> **Date Last Attended: _____	Is the child a Foster Child? Yes <input type="checkbox"/> No <input type="checkbox"/>	Grade Enrolling
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**STUDENT INFORMATION**

Do you -  OWN (need current utility bill)  RENT (need copy of Rental Agreement & current utility bill)  LEASE (need copy of Lease & current utility bill)  
 LIVE WITH A HANOVER RESIDENT (need notarized resident affidavit & resident's current utility bill)  FOSTER CARE  HOMELESS  OTHER

**Student's Name *exactly as it is on the Birth Certificate***

Student First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone Number: \_\_\_\_\_ is this a cell phone  Yes  No Who's Cell? \_\_\_\_\_  
 (The Primary Phone Number will be called for early dismissals/cancellations/emergencies)

*Date of Birth	Is the Student Hispanic, Latino or of Spanish origin? Yes <input type="checkbox"/> No <input type="checkbox"/>	Race: <input type="checkbox"/> Multiracial **If checked choose race below <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White		
Gender Female <input type="checkbox"/> Male <input type="checkbox"/>	Circle One Single Twin Multiple			
Dominant Language: _____ Household Language: _____ Student Needs English Language: Yes <input type="checkbox"/> No <input type="checkbox"/>				
*Birth City	*Birth State		*Date Entered PA	*Birth Country

**PRIVATE / NON-PUBLIC SCHOOL**

SCHOOL NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 SCHOOL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ Last Grade Attended at previous School? \_\_\_\_\_  
 DOES THE CHILD HAVE AN IEP? YES  NO  WAS THE CHILD EVER RETAINED? YES  NO  DATE ENTERED 9<sup>TH</sup> GRADE? \_\_\_\_\_

**PARENT INFORMATION**

**IS THERE A COURT ORDER INVOLVING CUSTODY OF THIS CHILD?** YES  NO  (Attach a copy for the file)

**CHILD RESIDES WITH:**  BOTH  FATHER (PRIMARY)  FATHER (SECONDARY)  FATHER (NO CONTACT)  STEP MOTHER  
 MOTHER (PRIMARY)  MOTHER (SECONDARY)  MOTHER (NO CONTACT)  STEP FATHER  
 GUARDIAN (Attach proof of Guardianship)  FOSTER PARENT (Attached Proof)  
 RELATIVE / OTHER: Relationship: \_\_\_\_\_ (Attach Notarized Affidavit)

**Custodial Rights:**  Both  Father  Mother  Guardian      **Receive Correspondence:**  Both  Father  Mother  Guardian

<p><b>CIRCLE ONE: Natural Father / Guardian:</b> _____ / Foster</p> <p>Full Time Active Military? <input type="checkbox"/> YES <input type="checkbox"/> NO   Pickup Rights <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Full Name: _____ Suffix: _____</p> <p>Address: _____</p> <p>City / State / Zip Code: _____</p> <p>Home Phone: _____ Cell: _____</p> <p>E-Mail: _____</p> <p>Employer: _____</p> <p>Address: _____</p> <p>City / State / Zip Code: _____</p> <p>Work Phone: _____ Work Cell: _____</p>	<p><b>CIRCLE ONE: Natural Mother / Guardian:</b> _____ / Foster</p> <p>Full Time Active Military? <input type="checkbox"/> YES <input type="checkbox"/> NO   Pickup Rights <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Full Name: _____</p> <p>Address: _____</p> <p>City / State / Zip Code: _____</p> <p>Home Phone: _____ Cell: _____</p> <p>E-Mail: _____</p> <p>Employer: _____</p> <p>Address: _____</p> <p>City / State / Zip Code: _____</p> <p>Work Phone: _____ Work Cell: _____</p>
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HANOVER AREA SCHOOL DISTRICT  
STUDENT REGISTRATIONS  
PRIVATE - NON-PUBLIC

**EMERGENCY INFORMATION**

Please provide three contacts OTHER THAN YOURSELF

**CONTACT #1** CIRCLE ONE: HAS PICKUP RIGHTS YES NO

Full Name:	Relationship to the student:	
Full Address/City/State/Zip Code:	Home Phone:	Cell Phone:

**CONTACT #2** CIRCLE ONE: HAS PICKUP RIGHTS YES NO

Full Name:	Relationship to the student:	
Full Address/City/State/Zip Code:	Home Phone:	Cell Phone:

**CONTACT #3** CIRCLE ONE: HAS PICKUP RIGHTS YES NO

Full Name:	Relationship to the student:	
Full Address/City/State/Zip Code:	Home Phone:	Cell Phone:

Please list the order in which to be called in case of an illness /emergency, *example: 0-(no contact) 1st 2nd 3rd 4th 5th*

Father/Guardian/Foster \_\_\_\_\_ Mother/Guardian/Foster \_\_\_\_\_ Contact #1 \_\_\_\_\_ Contact #2 \_\_\_\_\_ Contact #3 \_\_\_\_\_

**List all other children living with this student at his/her address**

Full Name:	Full Name:
Date of Birth:	Date of Birth:
Grade:	Grade:
School:	School:
Relationship:	Relationship:

Full Name:	Full Name:
Date of Birth:	Date of Birth:
Grade:	Grade:
School:	School:
Relationship:	Relationship:

Form Completed by: X \_\_\_\_\_ Relationship: \_\_\_\_\_

HANOVER AREA SCHOOL DISTRICT  
STUDENT REGISTRATIONS  
PRIVATE - NON-PUBLIC

EDUCATION PLACEMENT INFORMATION	
Regular Education:    Yes <input type="checkbox"/> No <input type="checkbox"/>	Special Education:    Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Has this student ever received any of the following services: (please check all that apply)</b>	
ESL (English as a Second Language) <input type="checkbox"/>	Remedial Math <input type="checkbox"/>
Remedial Reading <input type="checkbox"/>	Title I <input type="checkbox"/>
Instructional Support <input type="checkbox"/>	Special Education <input type="checkbox"/>

Is this student:	
Autistic <input type="checkbox"/>	Deaf or Hearing Impaired <input type="checkbox"/>
Blind or Visually Impaired <input type="checkbox"/>	Intellectual Disabled <input type="checkbox"/>
Neurologically Impaired <input type="checkbox"/>	Physically Disabled <input type="checkbox"/>
Seriously Emotionally Disturbed <input type="checkbox"/>	Learning Disabled <input type="checkbox"/>
Speech and Language Impaired <input type="checkbox"/>	Gifted <input type="checkbox"/>
<b>***** If yes to any of the above, please provide a copy of the student's IEP. *****</b>	

MEDICAL INFORMATION
Does this student have any health problems? Please explain.

***** OFFICE USE ONLY*****	
Date entered/re-entered:	Homeroom:
Code:	Building:
Grade:	Immunization Verified:    Yes <input type="checkbox"/> No <input type="checkbox"/>
Foster Child?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Residency Verified:    Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes:	

HANOVER AREA SCHOOL DISTRICT  
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**HOME LANGUAGE SURVEY\***

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District: Hanover Area School District

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

1. What is/was the student's first language? \_\_\_\_\_

2. Does the student speak a language(s) other than English?  Yes  No  
(Do not include languages learned in school.)

If yes, specify the language(s): \_\_\_\_\_

3. What language(s) is/are spoken in your home? \_\_\_\_\_

4. Has the student attended any United States school in any 3 years during his/her lifetime?  Yes  No

If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than parent/guardian): \_\_\_\_\_

Parent/Guardian Signature: X \_\_\_\_\_

\*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screening or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district /charter school/full day AVTS in the future.