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