



Steelton-Highspire School District

Dr. Mick Iskric, Jr., Superintendent

Willie Slade, Jr., Assistant Superintendent

Mark Carnes II, Business Manager/Board Secretary

April 26, 2024

TO: All Non-Public Schools

FROM: Cheryl Lehigh
Administrative Assistant for Student Services

RE: School Calendars, PA-10 School Information forms, PA-8 Student Forms, and Student Lists for 2024-2025 school year

As the end of this school year winds down, we are already beginning to think about transportation needs for the 2024-2025 school year.

We are asking that you submit to us a copy of your school calendar by **June 14, 2024**, so that we may send our transportation providers a list of all of the important dates. We will also need a copy of your student list by June 21, 2024, so that we may begin to prepare our bus routes. Please list each student separate on the state mandated PA-8 form. Please complete the PA-10 form with your school information. If you have students register after that date that are in our district, you may call or email us and we will add them to the list. Delay in receiving this information on time, may result in delay of transportation being set up.

Please send all of the above information to Mrs. Cheryl Lehigh, Steelton-Highspire School District, P. O. Box 7645, Steelton, PA 17113, email them to clehigh@shsd.k12.pa.us, or fax them to 717-704-3808. You may reached me at 717-704-3800 x3872 if you have any questions.

Thank you for your continued cooperation

Enclosed forms:
PA-8
PA-10

Steelton-Highspire School District
NON-PUBLIC PA-8
ENROLLMENT REGISTRATION FOR TRANSPORTATION

INFORMATION

STUDENT _____

LAST

FIRST

MIDDLE

ADDRESS _____

PARENT/GUARDIAN NAME _____

HOME PHONE _____ CELL PHONE _____

EMERGENCY CONTACT PERSON _____

HOME PHONE _____ CELL NUMBER _____

RACE (please circle) WHITE BLACK ASIAN HISPANIC INDIAN/HAWAIIAN MULTIRACIAL

STUDENT'S BIRTHDATE ____/____/____ GRADE _____

MONTH DAY YEAR

SCHOOL NAME _____ PHONE _____

DATE OF ENTRY _____

PLEASE CHECK ONE:

____ AM ONLY TRANSPORTATION

____ PM ONLY TRANSPORTATION

____ BOTH AM/PM TRANSPORTATION

____ NO TRANSPORT NEEDED

FORM COMPLETED BY _____ DATE _____

FOR TRANSPORTATION USE ONLY

BUS NUMBER _____

STOP LOCATION _____

PICK UP TIME _____

FORWARD DIRECTLY TO
Steelton-Highspire School District
TRANSPORTATION DEPARTMENT
250 REYNDERS AVE
STEELTON, PA 17113
PHONE (717)704-3800 ext. 3872
FAX (717)704-3808