

ST. ELIZABETH HIGH SCHOOL

APPLICATION FOR TRANSPORTATION BENEFITS 2007-2008

STUDENT LAST NAME FIRST NAME SEX RACE GRADE

SCHOOL DISTRICT _____

Student's Address _____

Development _____

City _____ State _____ Zip _____

Home Phone _____ Miles to school ONE Way _____

BASIC DATA (Information required for government statistics only; recorded nowhere else in school)
please circle one:

- | | | |
|-------------------|----------------|------------|
| 1 Native American | 3 Asian | 4 Hispanic |
| 2 Black | 5 White, Other | |

PUBLIC SCHOOL DISTRICT OF RESIDENCE - please circle one:

- | | |
|------------------|-------------|
| 29 Appoquinimink | 34 Colonial |
| 31 Brandywine | 32 Red Clay |
| 33 Christina | |

Other (please specify) _____

GRADE in September 2007 (please circle one) K 1 2 3 4 5 6 7 8 9 10 11 12

Check here if a brother or sister attends same school. _____

What grade(s), elementary _____ or high school _____.

TYPE OF TRANSPORTATION TO BE USED - please circle one

- A School Bus (Not available)
- B Student to receive Dart Bus Tickets
- C Car Rider (Includes Mealey Transportation)
- D Walker
- O Other

Signature of Parent or Guardian

Date