Neshaminy School District
2001 Old Lincoln Hwy.
Langhorne, PA 10947

STUDENT EMERGENCY INFORMATION

Date:_____

Parent/Guardian: _____

Signature:_____

◯ New Enrollment ◯ Returning Student ◯ Change of Address

Student Information: **ALL the following information must be completed.**

Name:_____ DOB:_____

Address:_____
STREET CITY STATE ZIP CODE

Parent/Guardian #1:_____ Home #:_____ Cell #:_____

Parent/Guardian #2:_____ Home #:_____ Cell #: _____

Emergency Contact:_____ Home # :_____ Cell #:_____

Medical Conditions: **Please specify**

Allergies:_____

Other:_____

School Information: **ALL the following information must be completed.**

Attending School: _____ Grade: _____

Address:_____
STREET CITY STATE ZIP CODE

Contact Person:_____ Contact E-Mail:_____

Phone #:_____ Fax #:_____

**** Please return this completed form along with the below proof of residency to the school office. Transportation cannot be processed until all information is completed and received by the Neshaminy Transportation Office.***

PROOF OF RESIDENCY FOR NESHAMINY SCHOOL DISTRICT: *To be completed by school Administrator. Check off what was provided:*

Parent / Guardian Valid Photo ID: driver's license must match the address where the student resides.

One proof of residency from each category below in the name of the parent/guardian in the following forms either:

Category 1 ◯ Signed and dated deeds, settlement papers, or real estate tax bill. ***OR***
◯ Signed and dated lease listing parent as the leaseholder and student as an occupant.

Category 2 One current utility bill for services that are connected to the residence by pipeline, wire or cable
◯ Water ◯ Gas ◯ Electric ◯ Cable/Internet