PENNSBURY SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT

REQUEST FOR CHILDCARE TRANSPORTATION
POLICY 6109

Reason For Action (to be completed by School Office):

NEW ☐   CHANGE ☐   DISCONTINUE ☐
(Complete all data)   (Name, Student #   (Name and Student #)
                               and New Information)

Service requested for: To School _____   From School _____   To and From _____

(This request must be received in the Transportation Office not less than 5 days prior to the effective date.)

STUDENT DATA:

Name_____ Student # _____

Home Address _____

Emergency Contact Person _____Phone_____

TRANSPORTATION DATA:

School of Attendance _____

Name of Caregiver _____Phone_____

Address of Caregiver_____

Effective Date(s) _____ To _____

REQUESTED BY:

Parent's Signature_____ Date_____

Caregiver's Signature_____ Date _____

Recommending Principal_____ Date _____

TRANSPORTATION ARRANGEMENTS (to be completed by Transportation Department)

Bus # _____ Bus Driver _____

Bus Stop _____ Time _____

Date Transportation Will Start _____

Transportation Contact Person _____

APPROVED ☐   DISAPPROVED ☐   COPY SENT TO PARENT ☐
                              (If so, why: _____)