

Pennsbury School District
 Transportation Department
 Request for Child Care Transportation
 Policy 810.13

Reason for Action (to be completed by School Office)

NEW <input type="checkbox"/> (Complete all data)	CHANGE <input type="checkbox"/> (Name, student # and new information)	DISCONTINUE <input type="checkbox"/> (Name and student #)
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Service requested for: To School _____ From School _____ To and From School _____

(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 _____ Phone # _____

APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/> (If so, why? _____)	COPY SENT TO PARENT <input type="checkbox"/>
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