

**REQUEST FOR TRANSPORTATION**

for the school year of \_\_\_\_\_

Every school year you must fill out a new form for each child. If you have any questions, call Deb Brown at 359-4146 ext 1272 or Mandy Day at ext 1271.

School \_\_\_\_\_ DOB \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Grade \_\_\_\_\_

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Names of Parent or Guardian **With Whom Pupil Resides:**

\_\_\_\_\_ Phone Number \_\_\_\_\_

Does guardian receive any monies as a foster parent? YES – NO (circle one, do not enter amount)

IF STUDENT ALREADY RESIDES in Littlestown School District, please list complete street address:

\_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Township \_\_\_\_\_ Closest intersection or cross street for reference \_\_\_\_\_

***If student is NOT living within Littlestown Area School District at this moment, please list current address:***

\_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

What is expected date of move into the district \_\_\_\_\_ Current phone# \_\_\_\_\_

Names of other siblings riding LASD buses \_\_\_\_\_

If your child will be transported to or from a sitter address, please fill in all the information below:

Sitter Name \_\_\_\_\_ Sitter Phone# \_\_\_\_\_

Sitter Address \_\_\_\_\_

***IMPORTANT: If no area below is checked, NO transportation will be provided.***

I desire transportation for my child as follows: \_\_\_\_ None desired

AM \_\_\_\_ from the school board approved bus stop closest: **to my home or to the sitter--** (circle one)

PM \_\_\_\_ to the school board approved bus stop closest: **to my home or to the sitter--**(circle one)

List three emergency contacts:

Name1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name3 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

*I am a resident of Littlestown Area School District and request transportation to the above named non-public school. I understand that non-residents of this district **are not** transported by Littlestown buses.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*For Office Use Only:

AM Bus # \_\_\_\_\_ Bus Stop \_\_\_\_\_ Bus # \_\_\_\_\_ Transfers to Bus # \_\_\_\_\_

**For Office Use Only:**

PM Bus # \_\_\_\_\_ Bus Stop \_\_\_\_\_ Bus # \_\_\_\_\_ Transfers to Bus # \_\_\_\_\_