

BERMUDIAN SPRINGS SCHOOL DISTRICT  
TRANSPORTATION DEPARTMENT  
7335 CARLISLE PIKE  
YORK SPRINGS, PA 17372

**Request for Transportation**

School Year 2020 - 2021

Student Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Male: \_\_\_ or Female: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School Attending: \_\_\_\_\_

School Address: \_\_\_\_\_

**Transportation Required** \_\_\_\_\_ **Transportation Not Required** \_\_\_\_\_

If transportation is required please fill out the information below.

List the addresses for AM PICK-UP and PM DROP-OFF.

We will arrange transportation from only one address in the morning and one address in the afternoon.

AM Pick up location: \_\_\_\_\_

PM Drop off location: \_\_\_\_\_

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

**Please Return to Bermudian Springs School District Attention:**

Bermudian Springs School District

7335 Carlisle Pike

York Springs, PA 17372

Attention: Wade Hunt, Assistant to the Superintendent

Phone: 717-528-4113 Ext. 1716, Fax: 717-528-7981