



REQUEST FOR TRANSPORTATION 2020-2021

Date: _____

Student Name: _____

Street Address: _____

Mailing Address: (if different) _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Grade: _____

Parents Name: _____

Phone Number: _____ Alt. Phone Number: _____

Fairfield Pick Up/Drop Off Location: Liberty Worship Center - 29 Carroll's Tract Road
Please arrive 10 minutes prior with a.m. pick up at 7:50 and p.m. drop off at 3:40

Cashtown Pick Up/Drop Off Location: Cashtown Fire Department Hall - 1111 Old Route 30, Cashtown
Please arrive 10 minutes prior with a.m. pick up at 8:05 a.m. and drop off at 3:25 p.m.

Gettysburg Drop Off Location: DUBBS Afterschool 26 Springs Ave Suite D, Gettysburg
Students will be received by DUBBS Afterschool employees. (Spaces are very limited.)

*Please arrive at the bus stop 10 minutes early

Transportation for your child will NOT be scheduled unless this form is returned.

Student Emergency Information for GMCS Fairfield & Cashtown Bus

Students Name: (First & Last) _____

Students Date of Birth: ____/____/____ Grade: _____

Students Street
Address: _____

Home Phone Number: _____

Emergency Information:

In the event of an emergency on the bus we will contact the people listed below in the order listed:

Name: _____ Phone: _____

Relationship to student: _____ Alt. Phone: _____

Name: _____ Phone: _____

Relationship to student: _____ Alt. Phone: _____

Name: _____ Phone: _____

Relationship to student: _____ Alt. Phone: _____

Does your child have any medical conditions that the bus/van driver should be aware of? (allergies to stings or food, etc.)

Parent Signature: _____ Date: _____