



**GETTYSBURG  
MONTESSORI**  
CHARTER SCHOOL  
*Inspiring a Love of Learning*

Fairfield & Cashtown Bus 2018/2019



**REQUEST FOR TRANSPORTATION 2018-2019**

Date: \_\_\_\_\_

Student

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

Street

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

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

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

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents

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

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

AM Pick up locations: \_\_\_ Liberty Worship Center- 29 Carroll's Tract Road, Fairfield @ 7:50am, please be there 10 minutes prior.

\_\_\_ Cashtown Fire Department Hall- 1111 Old Route 30, Cashtown @ 8:05am, please be there 10 minutes prior.

PM Drop off location: \_\_\_ Liberty Worship Center- 29 Carroll's Tract Road @ 3:40pm, give or take 10 minutes.

\_\_\_ Cashtown Fire Department Hall- 1111 Old Route 30, Cashtown @ 3:25pm, give or take 10 minutes

Please check which stop your child will be using.

This form must be returned by **July 31, 2018.**

**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: \_\_\_\_\_

\_\_\_\_\_