GETTYSBURG AREA SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
900 BIGLERVILLE ROAD
GETTYSBURG, PA 17325
(717) 334-6254 ext. 1263
FAX (717) 334-5220

REQUEST FOR TRANSPORTATION
For the 2020-2021 school year

Date: __________________________

Student Name: __________________________

Street Address: __________________________

Mailing Address: (if different) __________________________

City: __________________________ State: __________________________ Zip: __________________________

Birthdate: __________________________ Grade: __________________________

Parents Name: __________________________

Phone Number: __________________________ Alt. Phone Number: __________________________

Student will be attending: GETTYSBURG MONTESSORI CHARTER SCHOOL

Student _______ does _______ does not require transportation.

If transportation is required, list the address for the student to be picked up at and dropped off at below. 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: __________________________

This form must be returned by June 30, 2020.

Transportation for your child will not be scheduled unless this form is returned.
Student Emergency Information for
Students Transported by the
GETTYSBURG AREA SCHOOL DISTRICT
PLEASE PRINT ALL INFORMATION

Student’s Name ________________________________________________________
(Last, First, MI)
Student’s Date of Birth ____/____/____ Grade: ______
School Student Attends: ________________________________________________
Students Street Address:
__________________________
__________________________
Student’s Mailing Address: (if different than 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 and Date: ____________________________________________