



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 2018-2019 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, 2018**.

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

OVER 

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: _____