

LITTLESTOWN AREA SCHOOL DISTRICT Request for Transportation or Change Changes limited to 3 times per year. One for per student						
Effective Date of Changes Required			Circle one below		OFFICE USE ONLY Transportation Department Received on	
<u>Month</u>	<u>Date</u>	<u>Year</u>	New	Change		<u>School Year</u>

The transportation Department **MUST** be in receipt of your request at **least 3 days** prior to effective date.

Student Last name _____ First Name _____ MI _____

School _____ DOB _____ M _____ F _____ Grade _____

Names of parents or Guardians WITH WHOM PUPIL RESIDES:

_____ Phone Number _____

List complete street address of residence

_____ City _____ Zip Code _____

Closest intersection or cross street of residence _____ Township _____

Names of other siblings riding LASD buses _____

If your child will be transported to or from a sitter address, the information below is required:

Sitter Name _____ Sitter Phone Number _____

Sitter Address _____

I desire bus transportation for my child as follows:

AM ___ from the school board approved bus stop closest: **from my home** or **from the sitter** (circle one) M ___ T ___ W ___ T ___ F ___

PM ___ to the closest board approved bus stop closest: **to my home** or **to the sitter** (circle one) M ___ T ___ W ___ T ___ F ___

Board Polity Guidelines dictate that schedules **must be consistent** for the week. No seats will be held for any students, particularly for van riders, that are inconsistent occasional riders. Students may not ride a bus other than the one to which they are assigned unless it is a true emergency, and then by administration discretion only. Bus drivers **are not** allowed to accept notes.

Walking Group Assignment _____ M ___ T ___ W ___ T ___ F ___

Car _____ M ___ T ___ W ___ T ___ F ___

Y-AM care _____ M ___ T ___ W ___ T ___ F ___

Y-PM care _____ M ___ T ___ W ___ T ___ F ___

All route times are subject to change
Non-residents will not be transported in Littlestown Area School District vehicles at any time

Signature of Person Requesting Change _____ Relation to student _____ Date of request _____

Speak with your child concerning a backup plan about what to do
 In the event of a lost key, or no one home.

Kindergarten students MUST be received at the bus stop.