



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: _____

Pick Up and Drop Off Locations:

Holly Inn – 31 S. Baltimore Street, Mt Holly Springs @ 7:40am for drop off and 3:45pm for pick up. Please Arrive 10 minutes prior for pick up and drop off.

Spanish Church off Rt. 94 – Pickup 7:55am and drop off at 3:30pm

*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: _____