



**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: [Holly Inn – 31 S. Baltimore Street, Mt Holly Springs @ 7:40am, please be there 10 minutes prior.](#)

PM Drop off location: [Holly Inn – 31 S. Baltimore Street, Mt Holly Springs @ 3:45pm, give or take 10 minutes.](#)

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 Mt. Holly Springs 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: \_\_\_\_\_