

REQUEST FOR TRANSPORTATION



Date: _____

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Grade: _____

Parents Name: _____

Phone Number: _____ Alt. Phone Number: _____

Start Date: _____

Pick Up and Drop Off Location:

**Family Dollar 2 N. Baltimore Street. Mt Holly Springs @ 7:30am for drop off and 3:45pm for pick up.
Please Arrive 10 minutes prior for pick up and drop off.**

In the event of an emergency on the bus we will contact the people listed below in the order listed:

Name: _____ Phone: _____

Relationship to the student: _____ Alt. Phone: _____

Name: _____ Phone: _____

Relationship to the student: _____ Alt. Phone: _____

Name: _____ Phone: _____

Relationship to the student: _____ Alt. Phone: _____

Does your child have any medical conditions that the driver should be aware of?
