

REQUEST FOR TRANSPORTATION



Date: _____

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Grade: _____

Parents / Guardians Name: _____

Phone Number: _____ Alt. Phone Number: _____

Start Date: _____

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

Pick Up and Drop Off Locations:

_____ **Fairfield Stop- Liberty Worship Center (29 Carroll's Tract Rd. Fairfield)**

_____ **Cashtown Stop- Cashtown Fire Dept. Hall (1111 Old Route 30 Cashtown)**

_____ **Dubbs After School (Students will be received by Dubbs after school employees.)**

PLEASE COMPLETE THE STUDENT INFORMATION EMERGENCY FORM AS WELL.

Student Emergency Information for GMCS Fairfield & Cashtown Bus

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Grade: _____

In the event of an emergency on the bus we will contact the parents/guardians first. If we cannot get in touch with your parent/guardian, please list your emergency contacts below in the order they should be called:

Name: _____ Phone: _____

Relationship to the student: _____ Alt. Phone: _____

Name: _____ Phone: _____

Relationship to the student: _____ Alt. Phone: _____

Name: _____ Phone: _____

Relationship to the student: _____ Alt. Phone: _____