

REQUEST FOR TRANSPORTATION



Today's Date: _____

Start Date: _____

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Grade: _____

Parents / Guardians Name: _____

Phone Number: _____ Alt. Phone Number: _____

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

Bus Stop Locations:

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

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

_____ **Gettysburg BEST After School** (26 Springs Ave. Gettysburg) **Students will be received by their employees.**

PLEASE COMPLETE THE STUDENT INFORMATION EMERGENCY FORM AS WELL.



STUDENT EMERGENCY INFORMATION FOR GMCS BUS

Student Name: _____ Birthdate: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

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