



# GETTYSBURG AREA SCHOOL DISTRICT

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[www.gettysburg.k12.pa.us](http://www.gettysburg.k12.pa.us)

## REQUEST FOR TRANSPORTATION 2026-2027 School Year

Student name:

Address:

City, State, Zip code:

Birth date:

Grade:

Student will be attending:

Student needs transportation:

Yes

No

Parent 1:

Phone:

Email:

Parent 2:

Phone:

Email:

If transportation is required, list the address for the student to be picked up and dropped off below. We will arrange transportation from only one morning address and one afternoon address

AM Pick-up location: \_\_\_\_\_

PM Drop-off location: \_\_\_\_\_

### EMERGENCY INFORMATION (PLEASE PRINT)

**In the event of an emergency on the bus/van and we cannot reach the parents, we will contact in the order listed below**

Name:

Cell phone:

Relationship to student:

Alternate phone:

Name:

Cell phone:

Relationship to student:

Alternate phone:

Name:

Cell phone:

Relationship to student:

Alternate phone:

Does your child have any medical conditions that the bus/van driver should be aware of? (Allergies to stings or food, etc.) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_