LITTLESTOWN AREA SCHOOL DISTRICT

Request for Transportation or Change

One Form for Each Student Needs to be Submitted

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| --- | --- | --- |
| Effective Date of Change RequestedThe Transportation Dept MUST be in receipt of your request at least 3 days prior to the start date. | School Year20 | SIS PARENTSCHOOL  DRIVERBUS #AMEffective Date |
| Month |  |  | New | Change |

Student Name:

D.O.B. M F Current Grade: School: St. Joseph School



Parent/Guardian Name: Home Phone:



Home Address: City: Zip:



E-Mail Address Cell Phone:



AM from the school board approved bus stop closest (select one): from my HOME or from the SITTER: M T\_W\_\_T\_F\_

PM to the closest board approved bus stop closest (select one) : to my HOME or to the SITTER: M T\_W\_\_T\_\_F\_\_

If your child will be transported to or from a SITTER, the information below is required:

 Sitter Name: Sitter Phone Number:



 Sitter Address: City: Zip:



 Walking Group Assignment: M T car Rider: M



YMCA Program AM: MYMCA Program - PM: M



Littlestown Area School District Board Policy Guidelines dictate that schedules must be consistent for the week. No seats will be held for any students, particularly for van riders, that are inconsistent or for occasional riders. Students may not ride a bus other than the one to which they are assigned unless it is a true emergency, and then by administrative discretion only. Bus drivers ARE NOT allowed to accept notes. Changes are limited to 3 times per school year. All route times are subject to change. Non-residents will not be transported in Littlestown Area School District vehicles at any time.

\* \*Kindergarten students MUST be received at the bus stop by a parent or guardian. \*\*



 Signature of Parent/Guardian Relation to Student Date of Request 

Please email completed form to LASDtransportation@lasd.k12.pa.us or Fax 717.359.9486

# REVtSED 2/2021