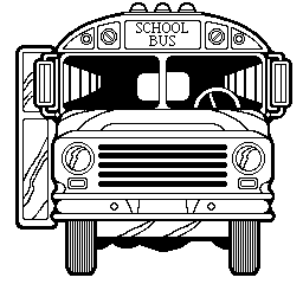


**TWIN VALLEY SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT**

4851 N Twin Valley Rd.
Elverson, PA 19520
Phone: 610-286-8600 option 6
Fax: 610-286-8608



Email: transportation@tvsd.org

Name of Student: _____ Birthdate: _____

Street Address: _____ City: _____

Name of Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

Email Address : _____

Nearest Intersection to Home: _____

Describe Location of Home: _____

Child Care Provider (if other than home address): _____

Address of Child Care Provider: _____

Child Care Provider Phone Number: _____

Child Care is for: _____ Morning _____ Afternoon _____ Both

X _____
SIGNATURE OF PARENT OR GUARDIAN DATE

Please allow up to 3 business days for change to be in effect. The transportation department will contact you once approved, and to provide you with the new bus assignment.

OFFICE USE ONLY

Student ID Number: _____

Attendance Area: _____ HBEC _____ TVEC _____ REC

Grade: _____

School Bus Number: _____

School Bus Stop: _____