

**SCHOOL YEAR 2021-22 SPRING-FORD AREA SCHOOL DISTRICT
JOINT/SHARED CUSTODY TRANSPORTATION REQUEST FORM**

This Request form is to be used when transportation is a Joint/Shared Custody situation. That is, both parents living in separate households, living within the district and are living in the attending school boundary in which the student attends. Transportation is NOT provided to the parent living outside of the attending school boundary or district.

Students: Kindergarten must have one location for pick up and one location for drop-off.

Students: Private School & Special Transportation must have one location for pick up and one location for drop-off.

Students: 1st-6th grades must have a drop-off to one location only, but may have two custody household locations for pick up.

Students: 7th – 12th grades pickup and/or drop-off locations may be two different custody household locations with the understanding the student is solely responsible for boarding the correct bus. It also is understood neither the School District nor its employees will be held accountable in making sure the student boards the proper bus.

The form is to be submitted each year before the end of JULY for the next school year.

Submit this form to the attending school or email Lsand@spring-ford.net & Vpuco@spring-ford.net and allow seven days for processing. If submitted during the school year, the attending school will contact the parent with the start date and bus information once the request has been approved and the transportation is in order.

Student Name: _____ Start Date: _____

School Attending: _____ Grade: _____

Family 1:

Parent Name: _____ Home Phone: _____ Work Phone: _____

Address: _____

Family 2:

Parent Name: _____ Home Phone: _____ Work Phone: _____

Address: _____

PICK UP STUDENT BUS STOP INFORMATION

BEFORE SCHOOL PICK UP LOCATION

Home Address _____

BEFORE SCHOOL PICK UP LOCATION (if student will be using more than one household for busing)

Home Address _____

GRADE K-6th - DROP OFF STUDENT BUS STOP INFORMATION

AFTER SCHOOL DROP OFF LOCATION

Home Address _____

GRADE 7th - 12th - DROP OFF STUDENT BUS STOP INFORMATION

AFTER SCHOOL DROP OFF LOCATION

Home Address _____

AFTER SCHOOL DROP OFF LOCATION (if student will be using more than one household for busing)

Home Address _____

We agree and acknowledge the information on this form as correct.

1. Parent/Guardian Signature _____ Date _____
(Family #1)

2. Parent/Guardian Signature _____ Date _____
(Family #2)