

KARNS CITY AREA SCHOOL DISTRICT

Request for Student Transportation

Type of Request New Change

If this is a change, please state the reason _____
(Ex. Moved, change from home to sitter, etc.)

Date of Request: _____ School: _____ Gender: M or F

Student's Last Name: _____ First: _____ MI: _____

Parent or Guardian's Name: _____ Phone: _____

Student Date of Birth: _____ Student Grade: _____

This Section Must Be Completed: Exact Physical Address for Pick-up and Drop-off:

Street or Road Name: _____

House Number: _____

Municipality/Township/Borough: _____

City: _____ Zip Code: _____

Please Identify Exact Location of Residence: Please do not use Rural Route or PO Box Numbers in this section- Use Street Names and House Numbers above.

List information below to identify exact location at which your child resides. (use nearest intersections, landmarks, house style and color, etc.)

Mailing Address: (This might be PO box or RR number -If same as above "write same")

Street Address _____

PO Box No. _____ City: _____ Zip Code: _____

School Use Only ---

Student Number Assigned: _____

Bus Number _____ Pick -Up Time _____

Return completed form to a School Office; it will be forwarded to the Transportation Department. You will then be contacted with transportation arrangements.