

**2022-23**  
**KEYSTONE CENTRAL SCHOOL DISTRICT TRANSPORTATION**  
**REQUEST FORM**

BT

**Reason for request:** (circle one) **New Student**   **Changed School**   **Moved**   **Addition Stop Request**

**Today's Date** \_\_\_\_\_

**Section 1: Primary Household information**

Student Name: \_\_\_\_\_  
(Last) (First) (MI)

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Number) (Street)

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Township/Boro: \_\_\_\_\_

Parent /Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Name)

Primary Phone#: \_\_\_\_\_ Secondary Phone#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Name)

**Fill out section 2 if you are requesting additional busing such as second household or daycare**

The Transportation Department will only approve secondary stops if: There is an established bus route, there is room on the bus and the student is eligible for transportation from primary residence.

**Section 2: Secondary Household/Babysitter/Daycare information**

**REMINDER: WALKERS ARE NOT ELIGIBLE FOR BUSING.**

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

911 Address: \_\_\_\_\_  
(Number) (Street)

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Township/Boro: \_\_\_\_\_

**Section 3: Transportation Department Use Only**

Busing approved    Walker   Effective date: \_\_\_\_\_

**Primary busing info:**

AM Route: \_\_\_\_\_ Description: \_\_\_\_\_ Stop #: \_\_\_\_\_ P/U Time \_\_\_\_\_

PM Route: \_\_\_\_\_ Description: \_\_\_\_\_ Stop #: \_\_\_\_\_ D/O Time \_\_\_\_\_

**Secondary Busing Information:** If eligible:

AM Route: \_\_\_\_\_ Description: \_\_\_\_\_ Stop #: \_\_\_\_\_ P/U Time \_\_\_\_\_

PM Route: \_\_\_\_\_ Description: \_\_\_\_\_ Stop #: \_\_\_\_\_ D/O Time \_\_\_\_\_

**Stop Transportation on:** \_\_\_\_\_