

## SPECIALIZED TRANSPORTATION REQUEST FORM

<b>Name of Student:</b>					
<b>Physical Address:</b>					
<b>Name of Parent/Guardian:</b>					
<b>Cell Phone:</b>		<b>Home Phone:</b>		<b>Work Phone:</b>	
<b>Name of School Attending:</b>				<b>Grade Level:</b>	

### REQUEST FOR CHILD CARE TRANSPORTATION

<b>Child Care Provider:</b>					
<b>Physical Address of Child Care Provider:</b>					
<b>Check Needed Transportation:</b>	<input type="checkbox"/> AM Only	<input type="checkbox"/> PM Only	<input type="checkbox"/> AM & PM	<b>Starting Date:</b>	

### REQUEST TO CHANGE BUS STOP FOR OTHER REASON

<b>Requested Bus Stop:</b>					
<b>Reason for Request:</b>					
<b>Check Needed Transportation:</b>	<input type="checkbox"/> AM Only	<input type="checkbox"/> PM Only	<input type="checkbox"/> AM & PM	<b>Starting Date:</b>	

**PLEASE SUBMIT A COPY OF YOUR DRIVER'S LICENSE WITH THIS FORM IN ORDER TO PROCESS THE REQUEST**

THE PENN HILLS SCHOOL DISTRICT, AS A COURTESY, WILL WORK WITH FAMILIES TO PROVIDE PICK-UP AND DROP-OFF AT APPROVED DAYCARE CENTERS LOCATED WITHIN THE BOUNDARIES OF OUR DISTRICT. IN THIS REGARD, WE ASK THAT YOU ASSIST US BY ESTABLISHING AND FOLLOWING A REGULAR AND STRUCTURED SCHEDULE TO FACILITATE MONITORING BY OUR STAFF.

PLEASE BE ADVISED, THE DISTRICT CAN ONLY ASSIGN ONE ADDRESS PER CHILD FOR PICK-UP OR DROP-OFF. SHOULD YOU NEED TO DEVIATE FROM THE PICK-UP/DROP-OFF ADDRESS FOR A SPECIAL OCCURRENCE(S) A NOTE MUST BE SENT TO SCHOOL WITH YOUR CHILD AND GIVEN TO THE MAIN OFFICE PRIOR TO THE CHANGE. A BUS PASS WILL BE ISSUED AND WILL BE VALID FOR ONE CALENDAR WEEK. SHOULD THE CHANGE BE NEEDED FOR MORE THAN ONE WEEK, AN ADDITIONAL NOTE MUST BE PROVIDED FOR EACH GIVEN WEEK.

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Parent/Guardian Signature Date