



Pleasant Valley School District

2233 Route 115, Suite 100

Brodheads ville, PA 18322

Phone: 570-402-1000 Ext. 8010

Fax: 570-992-1902



New Student(s) Transportation Request

1. Student Name: _____ Grade: _____ Building: _____

2. Student Name: _____ Grade: _____ Building: _____

3. Student Name: _____ Grade: _____ Building: _____

Home Address: _____ City, State, Zip _____

Please check: **AM Pick Up**

Please check: **PM Drop Off**

<input type="checkbox"/>	Home
<input type="checkbox"/>	Daycare/Sitter
Daycare/Sitter Name	
Daycare/Sitter Address	
Daycare/Sitter Phone	

<input type="checkbox"/>	Home
<input type="checkbox"/>	Daycare/Sitter
Daycare/Sitter Name	
Daycare/Sitter Address	
Daycare/Sitter Phone	

Print Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date Received: _____ Received by: _____

_____ ID Verification