

Elizabethtown Area School District
DUAL CUSTODY Transportation Request

1. This form is to be used to request transportation to both parents' homes. Both addresses must be within EASD boundaries.
2. Both parent signatures are required.
3. Approval must be confirmed before the student can ride.
4. Sufficient time is needed for driver notification and implementation.
5. Any changes must be resubmitted to the transportation office on this form.

Student 1 Name _____

School _____ Requested Start Date _____

Student 2 Name _____

School _____ Requested Start Date _____

Student 3 Name _____

School _____ Requested Start Date _____

Requested Start date: _____

Parent 1 Name _____ Signature _____

Home Address _____ City _____

Email _____ Phone _____

Parent 2 Name _____ Signature _____

Home Address _____ City _____

Email _____ Phone _____

Please describe how the Parent 1 and Parent 2 designation is delineated on the attached calendar (if the day of week varies or it is every other week, by color, by symbol) and describe rotation below:

RETURN TO:

EASD TRANSPORTATION
600 E. HIGH STREET
ELIZABETHTOWN, PA 17022
FAX: 717.367.1920
EMAIL: transportation@etownschools.org

ATTENTION: Between Aug. 1 and Sept. 5, the transportation department needs to prioritize route planning, bus stop letters for families, driver training, and students without a bus schedule. During this time period, requests for alternative care, dual custody and non-public transportation will be held. Those submitted during this timeframe will be worked on in the order they are received beginning September 6. Thank you in advance for your cooperation.