

CHESTER UNION FREE SCHOOL DISTRICT  
**TRANSPORTATION REQUEST FORM**

PLEASE CHECK WHICH SCHOOL YOUR STUDENT ATTENDS:

\_\_\_\_\_ **Chester Academy**                      \_\_\_\_\_ **Chester Elementary School**

**Student Name:** \_\_\_\_\_  
  (last name)    (first name)

**Grade:** \_\_\_\_\_     **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_     **Gender:**     **Male**     **Female**     **Non Binary**

**Address:** \_\_\_\_\_  
                            Street, Apartment Unit #    City/Town    State    Zip

**Parent/Guardian:** \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

**Emergency Contact (if you cannot be reached):** \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

**ADDRESS USED FOR BUS PICK UP AND DROP OFF, IF DIFFERENT THAN ABOVE:**

**A.M.:** \_\_\_\_\_  
                            Street Address    City/Town    State    Zip

**P.M.:** \_\_\_\_\_  
                            Street Address    City/Town    State    Zip

PARENT/GUARDIAN SIGNATURE

DATE

(FOR TRANSPORTATION USE ONLY)

**STUDENT I.D.** \_\_\_\_\_ **START DATE** \_\_\_\_\_

**A.M. Bus No.** \_\_\_\_\_ **Stop** \_\_\_\_\_

**P.M. Bus No.** \_\_\_\_\_ **Stop** \_\_\_\_\_

**Date forwarded to Student Bus Company** \_\_\_\_\_