

LAMPETER-STRASBURG SCHOOL DISTRICT
TRANSPORTATION OFFICE

P.O. Box 428
Lampeter, PA 17537-0428

2024-2025 DUAL CUSTODY TRANSPORTATION REQUEST FORM

Instructions:

Please carefully read the School Transportation Guidelines for Alternate Care and Daily Bus Changes prior to completing this form.

The School District allows parents with equally shared physical custody of School District students to request school transportation services for their school-aged child(ren) from the primary residence of each parent, consistent with the general transportation protocol and only so long as each residence is within the School District's boundaries. If such parents wish to request dual custody transportation, they must submit a copy of the custody agreement along with a Dual Custody Transportation Request form, and comply with all of the following conditions listed below:

1. Parents may only request school bus stops at their respective primary residences. If either parent wishes to have their child dropped off or picked up at an alternate care site, an Alternate Care Transportation Request form must be completed and both parents must agree to this assignment. Consistent with Section A of these Administrative Guidelines, only one Alternate Care Transportation location will be permitted for a student for AM and PM transportation; as such, parents with shared physical custody must agree to the designation of any Alternate Care Transportation location.
2. Parents who do not have equally shared custody may request an alternate care transportation under Section A of these Guidelines.
3. Parents must request school transportation to and from their respective primary residences or an agreed upon Alternative Care Transportation location for specific days of the week and locations that correspond with the custody terms outlined in an approved custody agreement or order. The School District will not allow for schedule changes that are not reflected in the custody agreement or order.
4. Please complete a separate form for each child.
5. Return a copy of the custody agreement and this form to the Transportation Office by July 15. This form can be mailed to the above address, faxed to 717-464-4699, or emailed to: matthew_greenwood@L-SPioneers.org
6. If you have questions about this form, please call Matt Greenwood, Transportation Coordinator, at 717-358-1011 or email matthew_greenwood@L-SPioneers.org

Child's Name: _____ Grade: _____

School: _____ Teacher: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Email Address: _____

Address (include City, State & Zip) _____

Bus Stop #1 Location(if known) _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Email Address: _____

Address (include City, State & Zip) _____

Bus Stop #2 Location(if known) _____

Instructions: Please write 1 or 2 next to each week listed below to indicate which bus stop the child will use each week. If custody schedule days vary each week, please send a specific calendar schedule.

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|---------------------|--------------------|----------------|-------------------|-------------------|
| ___ Aug. 21-23 | ___ Oct. 14-18 | ___ Dec. 9-13 | ___ Feb. 10-14 | ___ Apr. 7-11 |
| ___ Aug. 26-30 | ___ Oct. 21-25 | ___ Dec. 16-20 | ___ Feb. 17-21 | ___ Apr. 14-18 |
| ___ Sep. 3-6 | ___ Oct. 28-Nov. 1 | ___ Jan. 2-3 | ___ Feb. 24-28 | ___ Apr. 21-25 |
| ___ Sep. 9-13 | ___ Nov. 4-8 | ___ Jan. 6-10 | ___ Mar. 3-7 | ___ Apr. 28-May 2 |
| ___ Sep. 16-20 | ___ Nov. 11-15 | ___ Jan. 13-17 | ___ Mar. 10-14 | ___ May 5-9 |
| ___ Sep. 23-27 | ___ Nov. 18-22 | ___ Jan. 20-24 | ___ Mar. 17-21 | ___ May 12-16 |
| ___ Sep. 30- Oct. 4 | ___ Nov. 25-26 | ___ Jan. 27-31 | ___ Mar. 24-28 | ___ May 19-23 |
| ___ Oct. 7-11 | ___ Dec. 3-6 | ___ Feb. 3-7 | ___ Mar.31-Apr. 4 | ___ May 26-30 |
| | | | | ___ June 2-6 |