



GETTYSBURG AREA SCHOOL DISTRICT  
TRANSPORTATION DEPARTMENT  
900 BIGLERVILLE ROAD  
GETTYSBURG, PA 17325  
(717) 334-6254 ext. 1263  
FAX (717)334-5220

**REQUEST FOR TRANSPORTATION**  
**For the 2024-2025 school year**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Student will be attending: **VIDA CHARTER SCHOOL**

Student \_\_\_\_\_ does \_\_\_\_\_ does not require transportation.

If transportation is required, list the address for the student to be picked up at and dropped off at below.  
We will arrange transportation from only one address in the morning and one address in the afternoon.

AM Pick up location: \_\_\_\_\_

PM drop off location: \_\_\_\_\_

This form must be returned by **June 30, 2024**

Transportation for your child will not be scheduled unless this form is returned.

**Student Emergency Information for**  
**Students Transported by the**  
**GETTYSBURG AREA SCHOOL DISTRICT**  
**PLEASE PRINT ALL INFORMATION**

Student's Name \_\_\_\_\_  
(Last, First, MI)

Student's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

School Student Attends: \_\_\_\_\_

Students Street Address:

\_\_\_\_\_  
\_\_\_\_\_

Student's Mailing Address: (if different than street address)

\_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

**EMERGENCY INFORMATION:**

In the event of an emergency on the bus we will contact the people listed below in the order listed:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Alt Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Alt Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Alt Phone# \_\_\_\_\_

Does your child have any medical conditions that the bus/van driver should be aware of? (Allergies to stings or food, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature and Date: \_\_\_\_\_