

Delaware City Schools Transportation Request

Non-Public - Community – Charter

Should your request be approved, you will be contacted by the Transportation Department.

They will provide you with information regarding the location of bus stop,
approximate time of pick-up, and bus number.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

STUDENT INFORMATION

Student Last Name: _____ First Name _____ Middle Initial _____

Date of Birth: _____ Grade: _____ Gender: _____ Home Phone: _____

Address: _____

Resident School Name: _____

Name of School Transportation Requested to: _____ Enroll Date: _____

PARENT/GUARDIAN INFORMATION AND CERTIFICATION

Mother/Guardian Name: _____

Home Phone: (____) _____ Mobile #: (____) _____ Work #: (____) _____

Father/Guardian Name: _____

Home Phone: (____) _____ Mobile #: (____) _____ Work #: (____) _____

Emergency Contact Name: _____

Relationship to Student: _____ Phone: (____) _____ Other Phone #: (____) _____

My signature certifies that the above information is current and correct. I will notify the school **immediately** if any of the above information changes.

Parent / Guardian Signature: _____ Date: _____

Delaware City Schools Transportation Department Use Only

Do not write below this line

Service Provided (Check Only One): _____ School Bus _____ Reimbursement Start Date: _____

Bus route #: _____ Time/Location: _____ Processed by: _____