



Karns City Area School District

Request for Student Transportation

Student Information:

Date of Request: _____ Type of Request: _____
Child's Name (PRINT): _____ School: _____
Parent or Guardian's Name: _____ Phone: _____
Student Date of Birth: _____ Student Grade: _____ Gender: _____

Physical Address for Drop Off/Pick Up: _____

Municipality/Township/Borough: _____

City: _____ Zip Code: _____

Please identify any distinguishing features to identify exact location (i.e. house style, color, location) (EX: Blue Ranch house, first house on left)

Mailing Address: (This might be PO box or RR number – If same as above, circle here)

Street or Road Name: _____

PO Box No: _____ City: _____ Zip Code: _____

School Use Only:

Student Number Assigned: _____ Bus Number: _____

Student Pick-Up Time: _____

Return completed form to School Office. Transportation Director will reach out with transportation arrangements.

• Karns City High School ~ 724-756-2030 • Karns City Elementary ~ 724-756-2030 •