

Greencastle-Antrim School District Transportation Department

500 East Leitersburg Street, Greencastle, PA 17225

Request for Transportation under Act 372/Transportation for Non-Public Students

Phone: 717-597-3226 ext. 50504 or 50507

tblubaugh@gcasd.org or kbland@gcasd.org

Return to GASD Transportation by July 24, 2026 or transportation cannot be guaranteed by start date.

Students **must** be 5 years of age by September 1, 2026 to be eligible for transportation during the 2026-2027 school year.

Two proofs of residency must be submitted for new enrollments (see attached list of acceptable documents). Current families only need to submit proofs if there has been a change of address. If residency cannot be confirmed, transportation services will not be provided.

Request forms **must** be submitted annually by all families.

Student Information

Student Last Name: _____ Student First Name: _____

Enrollment Status: _____ New Enrollment _____ Returning Start Date: _____

School of Attendance: _____ Grade: _____

Student's Date of Birth: _____ Gender: _____ Female _____ Male

Student's Physical Street Address: _____

City: _____ Zip Code: _____

Transportation Requested: _____ Both AM & PM _____ AM Only _____ PM Only

Address for Bus Stop (if other than home address): _____

Additional Siblings: _____ DOB: _____ Grade: _____ Gender: _____

_____ DOB: _____ Grade: _____ Gender: _____

_____ DOB: _____ Grade: _____ Gender: _____

Parent/Guardian Information

Primary Parent/Guardian Name: _____ Primary Phone Number: _____

Primary Email Address: _____

Secondary Parent/Guardian Name: _____ Secondary Phone Number: _____

Secondary Email Address: _____

Emergency Contact Information

Emergency Contact Name: _____ Emergency Contact Phone: _____

Does the student have allergies or disabilities that you would like our transportation department to be aware of?

I acknowledge that for a student to receive transportation services as a resident of this district, the student and parent/guardian must maintain a permanent residence within the district boundaries. I understand that legal procedures can be taken against me by district officials if it is discovered that I have falsified this, or any document contained in the submitted paperwork.

If it is determined that a student is not a resident, the student shall no longer receive transportation effective immediately. It is my responsibility to notify the District immediately of any change in my residency.

Through my signature below, I acknowledge that the information provided on this form is accurate and factual. If necessary, the Greencastle-Antrim School District may investigate the accuracy of this information.

Parent/Guardian Signature: _____ Date: _____

Acceptable documents that may be used as two proofs of residency as outlined below:

At least one of the following:

- Deed/Mortgage Agreement, Lease/Rental Agreement and/or Settlement Sheets
- Utility Bill with service address and date (electric, water, sewer, oil, trash, cable)

Optional second proof if needed:

- Permanent PA Driver's License or Identification Card (*Temporary cards not accepted*)
- Proof of Renter/Homeowner Insurance
- Property Tax Bill
- Paycheck Stub with employer and employee's address
- SSI/Disability Statement
- Other _____ (*Prior Administrative Approval Required*)