2026-2027
KEYSTONE CENTRAL SCHOOL DISTRICT TRANSPORTATION REQUEST FORM

Reason for request: (circle one) **New Student** **Changed School** **Moved** **Additional Stop Request**

Today's Date_____

Section 1: Primary Household information

Student Name: _____
(Last) (First) (MI)

School Attending: _____ Grade: _____

Home Address: _____
(Number) (Street) (PO BOX)

City: _____ Zip: _____ Township/Boro: _____

Parent /Guardian: _____ Relationship: _____
(Name)

Email Address: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact: _____ Phone : _____
(Name)

****Fill out section 2 if you are requesting additional transportation such as secondary household or daycare****

Section 2: Secondary Household/Babysitter/Daycare information

The Transportation Department will only approve a secondary stop if: The established stop already exists on the bus route (a new stop will not be created), there is room on the bus and the student is eligible for transportation from primary residence.

REMINDER: WALKERS ARE NOT ELIGIBLE FOR BUSING.

Contact Person: _____Phone : _____

911 Address: _____
(Number) (Street)

City: _____ Zip: _____ Township/Boro: _____

Section 3: Transportation Department Use Only

☐ Busing approved ☐ Walker Effective date: _____

Primary busing Information:

AM Route: _____ Description: _____Stop #: _____ P/U Time_____

PM Route: _____ Description: _____Stop #: _____ D/O Time_____

Secondary Busing Information: (if eligible)

AM Route: _____ Description: _____Stop #: _____ P/U Time_____

PM Route: _____ Description: _____Stop #: _____ D/O Time_____

Stop Transportation on: _____

District transportation information is located on the district website at https://www.kcsd.us/district-offices/transportation.