



**NON PUBLIC SCHOOL REQUEST FOR TRANSPORTATION
SCHOOL YEAR 2026-2027**

A new transportation request must be completed each school year

Please complete, sign and return to Conestoga Valley School

Parent/Guardian Name(s): _____

Address: (include street address, city, state and zip code):

Home Phone Number: _____ **Cell phone(s):** _____

Phone Number(s) (during school hours): _____

***Parent/Guardian Email Address:** _____

Person(s) to be notified in case of emergency – when parent/guardian is not available: Name:

_____ **Relationship to student:** _____ **Phone**

number during school hours _____

Name: _____ **Relationship to student:** _____

Phone number during school hours _____

Students needing Transportation:

Student Name	Birthdate	Grade	School attending

Requested start date for transportation: _____

Regular Transportation Schedule Requested:

_____ **BOTH AM & PM** _____ **AM only** _____ **PM only**

Student Allergies, Medications, or additional comments: _____

Signature of Parent/Guardian _____ **Date:** _____

Please mail original to: CV Service Center, 160 Newport Rd, Leola, PA 17540

For the 26-27 school year, requests must be received by June 30, 2026

*Transportation details will be emailed by August 15th.

Requests received after July 1st will be finalized after September 12th.