



REQUEST FOR SCHOOL BUS TRANSPORTATION

2018-2019 SCHOOL YEAR

**YOUGH SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT**

Office Use Only

Student ID#: _____

New service _____

Change of address _____

School bus transportation is provided to students who meet the criteria as stipulated in the Laws of Pennsylvania Department of Education and Yough School District. Please carefully read over the information in the last paragraph and then complete all of the information called for on this form, sign it, date it and submit it as directed.

WALKERS OR PRIVATE TRANSPORTATION PLACE AN "X" IN THIS BLOCK.

FILL OUT STUDENT INFORMATION BELOW.

Student information, please print legibly: (Please list any siblings on back)

Last Name _____ First Name _____ Middle Name _____ Grade: _____ DOB: _____
Gender: _____ M _____ F

HOME PHONE: (____) _____ WORK PHONE: (____) _____

MAILING ADDRESS: _____

STREET ADDRESS (If different than mailing address): _____

CITY: _____ STATE: _____ ZIP CODE: _____

ATTENDING SCHOOL: _____ (School Building Assignment)

ALTERNATIVE STOP REQUEST (temporary or long-term)

If requesting that student/students use a bus stop other than your home address you will need to provide the following information concerning responsible person or daycare service.

Name _____ Phone Number _____

Street Address/City _____

Describe (Please list dates and details such as days of the week and if only the AM bus, afterschool bus or both trips are involved) _____

Parent/Guardian Name (Printed) _____

Responsible Adult or Daycare Supervisor Name (Printed) _____

(Signature) _____

Date _____

(Signature) _____

Date _____

By my signature below, I make application for transportation services as outlined above. I attest that the home address listed above is the true residence of the student(s) named above. I understand that acceptance of this application by the Yough School District Transportation Department does not guarantee any service until this information is verified. I/we are obligated to file a new application if we change any of the above addresses. I also understand the rules for safe bus riding and accept the responsibility to ensure my child(ren) understand and abide by those rules.

PARENT/GUARDIAN (Print Full Name): _____

X _____ Date: _____ (OVER--Complete reverse side)
Signature of Parent/Guardian

OFFICE USE ONLY (Principal's confirmation below needed before changes can be made)

rev 12 Feb 2015

BLDG. PRINCIPAL SIGNATURE _____ TRANSP. SUPERVISOR SIGNATURE _____

PM BUS: _____ STOP LOCATION: _____ AM BUS: _____ STOP LOCATION: _____

OTHER YOUGH SD CHILDREN IN HOUSEHOLD

Student Name	Building	Grade

Emergency Contact Information:

Name of Contact: _____ Relationship: _____ Phone #: _____

Name of Contact: _____ Relationship: _____ Phone #: _____

Authorized to release: (for elementary school)

In the event you are unable to be at the bus stop to receive your child, please list others who have your permission to pick them up.

Name	Relationship	Contact #
_____	_____	_____
_____	_____	_____
_____	_____	_____