

Pequea Valley School District
2024/2025 Non-Public School Request for Transportation

IF NO FORM IS COMPLETED AND RETURNED, IT WILL BE ASSUMED THAT NO BUS TRANSPORTATION IS REQUIRED FOR YOUR STUDENT.

Name of Child: _____ Grade: _____

Physical Street Address: _____

Mailing Address (if different from Physical Address): _____

Date of Birth: _____

Non-Public School Attending: _____

The above named student will need transportation to the above named school as follows (please check):

AM only

PM only

Both AM and PM

EMERGENCY CONTACT INFORMATION:

1. _____
Name Relationship
_____ Phone # E-mail address

2. _____
Name Relationship
_____ Phone # E-mail address

HEALTH CONCERNS THAT DRIVER SHOULD BE AWARE OF:

Parent Signature: _____ Date: _____