

# PARENT REQUEST FOR BUS ASSIGNMENT

## SOLANCO SCHOOL DISTRICT TRANSPORTATION DEPARTMENT

**Phone: 717-786-9743**

**Fax: 717-786-0338**

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The Solanco School District will consider requests for changes in bus assignments under the following conditions:

- The student remains in the same school attendance area.
- There are seats available on the bus, *and* the stop is on an existing school bus route.
- Students being dropped at an after-school job **must** provide their work schedule to their school's office to obtain a bus pass for the days that they work.
- The District reserves the right to revoke this bus assignment if the bus becomes overcrowded.
- The change will require three (3) days to implement.*

I authorize the Solanco School District to transport my child(ren) to the location indicated below.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Student Name:</b>		<b>Home Address:</b>		<b>Home Phone:</b>	
<b>School Attending:</b>	<b>Grade:</b>	<b>Parent/Guardian Name:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>	
<b>Current Bus Number and Location of Stop:</b>					

### REQUESTED TRANSPORTATION ARRANGEMENTS

<b>Name of Person Responsible for Child:</b>	<b>Requested Address:</b>	
<b>Responsible Person's Phone Number:</b>	<b>Reason for Change (sitter, after-school job, etc.):</b>	
<b>Additional Emergency Contact Name:</b>	<b>Additional Emergency Contact Phone:</b>	
	<b>Pick Up, Drop Off or Both:</b> <input type="checkbox"/> PICK UP <input type="checkbox"/> DROP OFF <input type="checkbox"/> PICK UP & DROP OFF	<b>Date of Change:</b> <i>(allow 3 days to implement)</i>
<b>Special Instructions:</b> <i>Use this box to provide any details that will assist us in processing this request</i>		

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*FOR OFFICE USE ONLY*

<b>New bus#:</b>	<b>Stop Location:</b>	<b>Time:</b>
<b>New bus#:</b>	<b>Stop Location:</b>	<b>Time:</b>

**Notified:** Previous Driver(s) \_\_\_\_\_ New Driver(s) \_\_\_\_\_ School \_\_\_\_\_ Parent \_\_\_\_\_ Authorized by: \_\_\_\_\_