

TRANSPORTATION DEPARTMENT

412-793-7000, Ext. 1204

412-793-6285 (Fax)

SPECIALIZED TRANSPORTATION REQUEST FORM

STUDENT: _____

ADDRESS: _____ ZIP: _____

PARENT/GUARDIAN: _____

HOME PHONE: _____ WORK PHONE: _____

ATTENDING SCHOOL: _____ GRADE: _____

REQUEST FOR CHILD CARE TRANSPORTATION

CHILD CARE PROVIDER: _____

ADDRESS: _____ ZIP: _____

BOTH WAYS _____ TO SCHOOL ONLY _____ FROM SCHOOL ONLY _____

STARTING DATE: _____

REQUEST TO CHANGE BUS STOP FOR OTHER REASON

REQUESTED BUS STOP: _____

REASON FOR REQUEST: _____

BOTH WAYS _____ TO SCHOOL ONLY _____ FROM SCHOOL ONLY _____

STARTING DATE: _____

Parent/Guardian Signature

Date

PLEASE SUBMIT A COPY OF YOUR DRIVER'S LICENSE WITH THIS FORM IN ORDER TO PROCESS REQUEST

THE PENN HILLS SCHOOL DISTRICT, AS A COURTESY, WILL WORK WITH FAMILIES TO PROVIDE PICK-UP AND DROP-OFF AT APPROVED DAYCARE CENTERS LOCATED WITHIN THE BOUNDARIES OF OUR DISTRICT. IN THIS REGARD, WE ASK THAT YOU ASSIST US BY ESTABLISHING AND FOLLOWING A REGUALR AND STRUCTURED SCHEDULE TO FACILITATE MONITORING BY OUR STAFF.

PLEASE BE ADVISED, THE DISTRICT CAN ONLY ASSIGN ONE ADDRESS PER CHILD FOR PICKUP OR DROP-OFF. SHOULD YOU NEED TO DEVIATE FROM THE PICKUP/DROP-OFF ADDRESS FOR A SPECIAL OCCURRENCE(S) A NOTE MUST BE SENT TO SCHOOL WITH YOUR CHILD AND GIVEN TO THE MAIN OFFICE PRIOR TO THE CHANGE. A BUS PASS WILL BE ISSUED AND WILL BE VALID FOR ONE CALENDAR WEEK. SHOULD THE CHANGE BE NEEDED FOR MORE THAN ONE WEEK, AN ADDITIONAL NOTE MUST BE PROVIDED FOR EACH GIVEN WEEK.