

**Armstrong School District  
Transportation Department  
Busing Request**

*Please complete all the information that applies and return as soon as possible for approval to:*

**Armstrong School District, Administration Office,  
181 Heritage Park Drive, Suite 2, Kittanning, PA 16201  
Attention: Mr. Jon Fair, Transportation Director  
Phone 724-548-6014 Fax 724-548-7201**

Full Name of Child	School	Grade
<b>Parent/Guardian Name:</b>		<b>Date of Request:</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>		<b>Cell Phone:</b>
<b>Current Bus Number/Location (AM)</b>		
<b>Current Bus Number/Location (PM)</b>		
<b>Please check one:</b>		
<i>New Student</i> <input type="checkbox"/> <i>School Bus Change</i> <input type="checkbox"/> <i>Bus Stop Change</i> <input type="checkbox"/> <i>Delete Student</i> <input type="checkbox"/>		
<b>Give specific information/reason for request:</b>		
<b>Requested Bus Number/Location (AM)</b>		
<b>Requested Bus Number/Location (PM)</b>		
<b>Requested Start Date:</b>		
<b>If bus stop is at a babysitter or daycare, please give the following information:</b>		
<b>Name of babysitter/daycare:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>		

*Office of Transportation use ONLY*

<b>Approved:</b> <input type="checkbox"/>	<b>Signature/Date:</b>	
<b>Location (AM):</b>	<b>Bus Number:</b>	<b>Time:</b>
<b>Location (PM):</b>	<b>Bus Number:</b>	<b>Time:</b>
<b>Start Date:</b>		
<b>Disapproved:</b> <input type="checkbox"/> <b>Reason:</b>		

**Original: Transportation Department**

**Copy to: Parent, School, Bus Contractor(s)**

*Approved changes will not take place until all parties have been notified*