

Pequea Valley School District

Non-Public School Request for Transportation

IF NO FORM IS COMPLETED AND RETURNED BY AUGUST 8TH, IT WILL BE ASSUMED THAT NO BUS TRANSPORTATION IS REQUIRED FOR YOUR STUDENT.

Name of Child: _____ • Grade: _____

Street Address (not mailing): _____

Phone Number: _____

Non-Public School Attending: Conestoga Christian School

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

AM only

PM only

Both AM and PM

ALTERNATIVE PICK U/DROP OFF LOCATIONS (i.e. Daycare):

AM Address _____ Phone Number: _____

PM Address _____ Phone Number: _____

EMERGENCY CONTACT INFORMATION:

1. _____
Name Relationship Phone #

2. _____
Name Relationship Phone #

* HEALTH CONCERNS THAT DRIVER SHOULD BE AWARE OF:

Parent Signature: _____ Date: _____