

# SCHOOL DISTRICT OF LANCASTER TRANSPORTATION REQUEST

Student Name \_\_\_\_\_ Student # \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ Zip Code \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone # \_\_\_\_\_

Guardian Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

Administrative _____	Special Education Or IU #13 _____	
IU #13 _____	Diagnostic Kindergarten (DK) _____	
Medical _____	Hearing Impaired Support (HIS) _____	AM Only _____
Open Enrollment _____	Emotional Support (ES) _____	
Special Education _____	Learning Support (LS) _____	
Wheel Chair _____	Life Skills Support (LSS) _____	PM Only _____
	Multi-Disability Support (MDS) _____	
	Physical Support (PS) _____	

Comments: \_\_\_\_\_

## REQUESTING TRANSPORTATION TO AND FROM CHILD CARE PROVIDER

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

AM Only \_\_\_\_\_ PM Only \_\_\_\_\_ Both AM & PM \_\_\_\_\_

Requested By \_\_\_\_\_ Date \_\_\_\_\_

### TRANSPORTATION OFFICE

New Student \_\_\_\_\_ Change in student bus information \_\_\_\_\_ Delete student from bus \_\_\_\_\_

\_\_\_\_\_ AM Bus \_\_\_\_\_ stop description \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_ AM Bus \_\_\_\_\_ stop description \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_ PM Bus \_\_\_\_\_ stop description \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_ PM Bus \_\_\_\_\_ stop description \_\_\_\_\_ Time \_\_\_\_\_

Start Date \_\_\_\_\_ New Bus Stop \_\_\_\_\_

#### RETURN COMPLETED FORM TO:

School District of Lancaster  
Transportation Department  
1020 Lehigh Avenue  
Lancaster, PA 17602