

2020-21
KEYSTONE CENTRAL SCHOOL DISTRICT TRANSPORTATION
REQUEST FORM

Reason for request: (circle one) **New Student** **Changed School** **Moved** **Addition Stop Request**

Today's Date _____

Section 1: Primary Household information

Student Name: _____

(Last)

(First)

(MI)

School Attending: _____ **Grade:** _____

Home Address: _____

(Number)

(Street)

City: _____ **Zip:** _____ **Township/Boro:** _____

Parent /Guardian: _____ **Relationship:** _____

(Name)

Primary Phone#: _____ **Secondary Phone#:** _____

Emergency Contact: _____ **Phone #:** _____

(Name)

Fill out section 2 if you are requesting additional busing such as second household or daycare

The Transportation Department will only approve secondary stops if: There is an established bus route, there is room on the bus and the student is eligible for transportation from primary residence.

Section 2: Secondary Household/Babysitter/Daycare information

REMINDER: WALKERS ARE NOT ELIGIBLE FOR BUSING

Contact Person: _____ **Phone #:** _____

911 Address: _____

(Number)

(Street)

City: _____ **Zip:** _____ **Township/Boro:** _____

Section 3: Transportation Department Use Only

☐

Busing approved

☐

Walker

Effective date: _____

Primary busing info:

AM Route: _____ **Description:** _____ **Stop #:** _____ **P/U Time** _____

PM Route: _____ **Description:** _____ **Stop #:** _____ **D/O Time** _____

Secondary Busing Information: If eligible:

AM Route: _____ **Description:** _____ **Stop #:** _____ **P/U Time** _____

PM Route: _____ **Description:** _____ **Stop #:** _____ **D/O Time** _____

Stop Transportation on: _____

Route information can be found at <https://www.kcsd.k12.pa.us/transportation-f616211b>