TRANSPORTATION REQUEST FOR NON PUBLIC SCHOOL

Please complete the following form as accurately as possible and <u>return to the Transportation Department</u>, to guarantee busing. <u>This is the only way to receive transportation for the 2017-2018 School year.</u>

Please mark one choice for AM and one Choice for PM. The transfer locations are only if your school is not directly bused to school. *Please indicate which transfer stop you would be dropping off at or picking up at, Church of the Savior or TEMS*. Note: Kindergarten students only receive ONE WAY transportation and should be marked accordingly.

 $\underline{\mathbf{AM}}$

STOP to

School Attending

Grade

Students Names

Neighborhood

 \mathbf{PM}

Transfer to

Neighborhood

<u>AM</u>

Drop Off at or Rider

Car Driver

AM

Parent

PM

up at

Parent Pick

PM

Car Driver

or Rider

Students I tumes		Transfer/School	Transfer	of Rider	Stop/School	Transfer	
							1
-							
				1			
ADDRESS							
HOME #	CELL#		W	ORK#			
EMERGENCY CONTACT AND #							
EMAIL ADDRESS						4 .	
Please send completed Form via U.S. Mail to	: T/E School District Transportation Depar	0°C tment	Via	email to:	Transport@te	sd.net	
	940 W. Valley Rd, Su	iite 1700					
	Wayne, PA 19087	or	Fax	x to: 61	0-240-1699		
PARENT SIGNATURE:							
DIDITATE ALABATE.							
PRINT NAME:							