

WEST CHESTER AREA SCHOOL DISTRICT
2019-2020 STUDENT TRANSPORTATION REQUEST FORM

Complete a separate form for each student.

SCHOOL your student will attend: _____

STUDENT INFORMATION:

Last Name: _____

First Name: _____

Middle Initial: _____

Gender: (Please check): Male Female

Date of Birth: ____/____/____

Grade Level: _____

Residence Address: _____

City, State, Zip: _____

CONTACT INFORMATION:

Parent Name: _____ Contact Number: _____

Email: _____

Parent Name: _____ Contact Number: _____

Email: _____

Emergency Contact (Name & Phone Number) _____

BUSING REQUESTED: please check

AM ONLY PM ONLY AM & PM NO BUSING

If you require busing for daycare purposes or an additional stop due to custody issues, etc., a Daycare Provider form must be completed. This form can be found on the Transportation Department page of the WCASD website at <https://www.wcasd.net/Page/6823>.

Signature of Parent: _____