

# WEST CHESTER AREA SCHOOL DISTRICT STUDENT TRANSPORTATION REQUEST FORM

Complete a separate form for each student.

19-20 School Year

20-21 School Year

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/transportation>.

Signature of Parent: \_\_\_\_\_