

**TRANSPORTATION PROCEDURE  
WARWICK SCHOOL DISTRICT  
301 W. Orange St.  
Lititz, PA 17543**

If your child is to be transported to and/or from school at a location other than your designated home area bus stop, please complete the Transportation Request Form on the reverse side of this notice and either return it to the Transportation Office located in the District Office or mail it to the address above. Forms may also be picked up at each school.

Requests for Warwick School District bus transportation from locations other than the student's home will be considered only if the location is in the same school attendance area as the student's home. If you are unsure of the attendance area, please visit Warwick's website at [www.warwicksd.org](http://www.warwicksd.org) and click on For Parents. You will find the list of streets by attendance area in the right column under the Warwick School District heading. Identify the school that corresponds with the street address. Kindergarten students will be assigned to a morning or afternoon session depending on the location of their home or child care provider.

Students will be assigned to bus stops only on a consistent basis. For example: parent works Wednesdays, Thursdays and Fridays. Student will be brought home on Mondays and Tuesdays and taken to the child care provider on Wednesdays, Thursdays and Fridays. This schedule must be consistent. We cannot honor requests for transportation that will vary each week.

Requests for a change in transportation will become effective only after adequate time has been given to properly notify all persons concerned and make the necessary changes.

Exceptions to the assigned transportation may be granted by building principals for emergencies such as illness in the family, parents out of town, etc. Requests for transportation changes for non-emergency reasons (working on school projects, staying overnight with a friend, scout meetings, parent going shopping, etc.) will not be accepted. Telephone requests will be taken in case of emergency only. All other requests must be made by completing a "Transportation Request Form" and submitting it to the Transportation Office. Notes requesting transportation changes signed by parents will not be accepted by the bus drivers.

Requests for transportation to a child care provider will be granted only if the child care provider is on an established bus route.

Students will be permitted to ride only the bus to which they are assigned. In addition, they will be permitted to get on or off the bus only at the stop to which they are assigned for safety reasons.

**Special Note: Transportation Request Forms must be submitted BEFORE August 1 of each school year. Student bus stops revert back to the home location at the end of each school year. Requests for transportation to child care providers must be made annually.**

While this may cause parents temporary inconvenience, we trust you understand our rationale. We are very serious about our responsibility for transporting students to and from school safely. We appreciate your cooperation in this matter. If you have any questions, please call Debra Weidler, Transportation Coordinator at 626-3734 x 3880.

# WARWICK SCHOOL DISTRICT TRANSPORTATION REQUEST FORM

School Year \_\_\_\_\_

**Complete and return this form only if your child needs bus transportation to or from a location other than your home for childcare purposes. (see reverse for instructions)  
This form must be completed each school year as requests do not carry forward.**

Student(s) Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

*(Family members can be placed on one form as long as their child care arrangements are the same. Otherwise, please complete separate forms.)*

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Bus Stop Location (home location) \_\_\_\_\_ Walker

Name of Child Care Provider \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Bus Stop Location (child care provider location) \_\_\_\_\_

<b>Week Day</b>	<b>Transport TO SCHOOL FROM:</b>	<b>Transport FROM SCHOOL TO:</b>
Monday	<input type="checkbox"/> home <input type="checkbox"/> care provider	<input type="checkbox"/> home <input type="checkbox"/> care provider
Tuesday	<input type="checkbox"/> home <input type="checkbox"/> care provider	<input type="checkbox"/> home <input type="checkbox"/> care provider
Wednesday	<input type="checkbox"/> home <input type="checkbox"/> care provider	<input type="checkbox"/> home <input type="checkbox"/> care provider
Thursday	<input type="checkbox"/> home <input type="checkbox"/> care provider	<input type="checkbox"/> home <input type="checkbox"/> care provider
Friday	<input type="checkbox"/> home <input type="checkbox"/> care provider	<input type="checkbox"/> home <input type="checkbox"/> care provider

**Schedule must be consistent each week**

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

\_\_\_\_\_

Effective Date: \_\_\_\_\_ Signature of parent or guardian: \_\_\_\_\_