A NEW REQUEST MUST BE COMPLETED EACH SCHOOL YEAR

Warwick School District Non-Public School Request For Transportation 17/18 School Year

**** THIS FORM **MUST** BE FILLED OUT AND RETURNED IF YOU REQUIRE TRANSPORTATION****

School Attending:						
Parent(s) Name:						
Address:						
Phone Number:		Email Address:				
Please Note: We Canno by September 15 th of the	•	ren Who Have Not Reached T 'ear.	heir 5 th Birthday			
Student Name(s):			Grade:			
Student Name(s):			Grade:			
tudent Name(s):			Grade:			
itudent Name(s):			Grade:			
Student Name(s):			Grade:			
Please indicate whether Fransportation is require		re transportation by circling the student(s):	e correct choice be			
АМ	PM	Both AM and PM	None			

To assure transportation for the 2017/2018 school year, please return this form to the address listed below by June 30, 2017. Details of transportation will be mailed to you in August. For students requesting transportation after the school year has started, transportation will be provided within two weeks. IF THIS FORM IS NOT RETURNED, it will be understood your student does not need transportation for the entire 17/18 school year and WILL NOT be assigned. Thank you for helping to keep our buses safe and our rosters current.

Return to: Warwick School District Attn: Jennifer Grove

301 W. Orange Street Lititz, PA 17543 717-626-3734 ext 3880

jgrove@warwicksd.org