

John Beck  JR Bonfield  Lititz El  Kissel Hill  MS  HS

## WARWICK SCHOOL DISTRICT TRANSPORTATION REQUEST FORM 2020 - 2021

*\* Please read important information on the reverse side before completing this form. \**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Please select one of the following:

**WALK** *Please stop here and sign below.*

OR

**BUS** *Please complete information below and sign. Schedule must be consistent each week.*

Week Day	AM (TO SCHOOL from):	PM (FROM SCHOOL to):
Monday	<input type="checkbox"/> Home <input type="checkbox"/> Care Provider/Other	<input type="checkbox"/> Home <input type="checkbox"/> Care Provider/Other
Tuesday	<input type="checkbox"/> Home <input type="checkbox"/> Care Provider/Other	<input type="checkbox"/> Home <input type="checkbox"/> Care Provider/Other
Wednesday	<input type="checkbox"/> Home <input type="checkbox"/> Care Provider/Other	<input type="checkbox"/> Home <input type="checkbox"/> Care Provider/Other
Thursday	<input type="checkbox"/> Home <input type="checkbox"/> Care Provider/Other	<input type="checkbox"/> Home <input type="checkbox"/> Care Provider/Other
Friday	<input type="checkbox"/> Home <input type="checkbox"/> Care Provider/Other	<input type="checkbox"/> Home <input type="checkbox"/> Care Provider/Other

**Information for Care Provider / Alternate Parent / Other:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Requested Start Date:** \_\_\_\_\_ *(Requests received after July 19 will be effective 1 week after school starts, NO exceptions. Requests received during the school year require 5 days for processing from when the transportation office receives this request. Please plan accordingly.)*

COMMENTS:

\_\_\_\_\_  
Name of Parent/Guardian (Printed)

\_\_\_\_\_  
Signature of Parent/Guardian