



JERSEY SHORE AREA SCHOOL DISTRICT

Transportation/Busing Parent Request

For your child to be bused anywhere except from your residence to school and back to your residence from school, see the following regulations:

1. **The child must be an eligible bus rider.** (Definition: The student's residence must be at least 1.5 miles from the elementary school or 2 miles from the secondary school or be located on "PennDot" approved hazardous roads.)
2. An open seat must exist on the requested bus.
3. A new stop is not required, or there is a stop that can be added to the existing route that does not change the route at all.
4. **If the request is not for every day of the week, a Weekly Transportation Schedule (attached) must be submitted one week prior to starting.**
5. **Requests that are not the same schedule each week will be denied.**
6. If a child enrolls, requiring your child's seat due to a full bus, at least 3 days' notice will be given that your child be placed back on his/her original bus.
7. **The completed form must be returned to the Jersey Shore Area School District Transportation Office at least one week before the requested change.**

Student's Name: _____ School: _____ Requested Date for Change _____

Student's Home Address: _____
Street Address City/State/Zip Code

AM PICK-UP CHANGE ONLY:

Street Address City/State/Zip Code

Adult Name at Above Address Adult Phone Number (with area code) at Above Address

PM DROP-OFF CHANGE ONLY:

Street Address City/State/Zip Code

Adult Name at Above Address Adult Phone Number (with area code) at Above Address

BOTH AM AND PM CHANGE:

Street Address City/State/Zip Code

Adult Name at Above Address Adult Phone Number (with area code) at Above Address

I fully understand and agree with the above stated guidelines.

Parent's/Guardian's Signature Parent's/Guardian's Printed Name Date

Parent's Home Phone (with area code) Parent's Cell Phone (with area code) Parent's E-mail Address

Transportation Department Use: ☐ Approved ☐ Not Approved ☐ Calendar Attached

Date Received In Transportation Department _____ Date Emailed to Contractor _____ ☐ Mardens ☐ Susquehanna

Start Date: _____ AM: Bus# _____ Time: _____ Stop: _____

PM: Bus# _____ Time: _____ Stop: _____

Notification from Bus Company: (Initial & Date)

School _____ Email or Phone Parent _____ Email or Phone

Additional Info _____

JERSEY SHORE AREA SCHOOL DISTRICT
WEEKLY TRANSPORTATION SCHEDULE

(For students whose schedule will not be the same every day of the week)

***Schools and bus drivers will follow this schedule every week of the current school year.**

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Please complete the chart with the pick-up or drop-off address, name of adult and phone number of adult at that address for each day of the week-both morning and afternoon.

	MORNING			AFTERNOON		
	Address	Name	Phone Number	Address	Name	Phone Number
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						