



# JERSEY SHORE AREA SCHOOL DISTRICT

## Request for Special Transportation/Busing

In order for your child to be bused anywhere except from your residence to school and back to your residence from school, the following regulations are in effect:

- 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.)
- An open seat must exist on the special bus run that is requested AND a new stop is not required.
- If the request is not for every day of the week – every week of the school year, then a calendar must be submitted one week prior to starting.**
- It is understood that if a new child is enrolled who lives along the bus run and requires a seat on a full bus, your child will be removed and placed back on his/her original bus that goes to your area of residence. Parents will be given at least three days' notice.
- Return the completed form to the Jersey Shore Area School District Transportation Office at least one week before the requested change. Changes will not take place immediately and you will be notified within a week of approval/denial of your request.**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

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

**Student bus schedules are created based on pick-ups at home in the morning and drop-off at home in the afternoon.**

**AM PICK-UP CHANGE ONLY:** identify the new pick-up address Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Street Address City/State/Zip Code

**PM DROP-OFF CHANGE ONLY:** identify the new drop-off address Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Street Address City/State/Zip Code

**BOTH AM AND PM CHANGE:** identify the new address Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Street Address City/State/Zip Code

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

<b>Transportation Department Use:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Calendar Attached			
Date Received In Transportation Department _____	Date Emailed to Contractor _____	<input type="checkbox"/> Mardens	<input type="checkbox"/> 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 _____			Version 10.15.20