



# Jersey Shore Area School District

LEARNING | GROWING | SUCCEEDING

## Private/Charter School Transportation Request

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

SJNRA HS      SJNRA St Boniface      Walnut St Christian      SVRCS      LH Catholic      Other \_\_\_\_\_

**Student Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address/911 Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**Parent/Guardian Information:**

Parent Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

Is this a cell phone? \_\_\_\_\_ If not, what is your cell phone number? \_\_\_\_\_

**Emergency Contact Information:**

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Emergency Contact Cell Phone # \_\_\_\_\_

Emergency Contact E-mail Address(es) \_\_\_\_\_

**Mail/Fax/Deliver to:** Dr. Laura Osenbach, Assistant Superintendent  
Jersey Shore Area School District  
175 A&P Drive  
Jersey Shore PA 17740  
[losenbach@jsasd.org](mailto:losenbach@jsasd.org)

Phone: 570-398-1566  
FAX: 570-398-5089

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|---|---|
| <b>Transportation Dept Use:</b>                   |   |
| 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 District _____                             | Email or Phone Parent _____ Email or Phone _____  |
| Additional Info _____                             |   |