



# 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:

- 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 requested bus.
- 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.
- If the request is not for every day of the week, a Weekly Transportation Schedule (attached) must be submitted one week prior to starting.**
- Requests that are not the same schedule each week will be denied.**
- 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.
- 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

<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 _____		

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: \_\_\_\_\_ School Year: 2023-2024

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						