



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:

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 special bus run that is requested AND a new stop is not required.
3. **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.**
4. 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.
5. **Return the completed form to the Jersey Shore Area School District Transportation Office at least one week before the requested change.**

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

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 _____

Version 12.8.17