

Derry Township School District Kindergarten Transportation Request Form

Student Name	Date Request is Completed	Birthdate	
Both Parent(s) Names			
Home Address			
Home Phone	Work Phone- Mother Work Phone-Father	Cell Phone-Mother Cell Phone-Father	Emergency Contact Name & Phone

Please check A or B and specify the information below your choice.

A. I WOULD LIKE TO REQUEST transportation for my kindergarten child.

Address I would like my child picked-up for Kindergarten. (If you have an RD# please give a specific location.)

Address I would like my child taken home from Kindergarten. (If you have an RD# please give a specific location.)

Name and phone number if other than home address (sitter or child care center).

B. I WILL NOT NEED transportation for my kindergarten child.

Please specify your plans as to how your child will get to and from school.

Parent Signature

A.M. and P.M. kindergarten assignments are made based on transportation bus routes at noon. (Take home for A.M. students or pick up for P.M. students.) Once assignments are made we will not transport an A.M. student to a new location in a P.M. area or we will not transport a P.M. student to a new location in an A.M. area.

Please return as soon as possible but no later than May 31st so we can plan our routes and pick up times.

The Transportation Department **WILL NOT ACCEPT CHANGES** in bus stop locations from **August 1st through August 30th. PLEASE NOTE:** All changes should be held until after **August 30th and must be submitted in writing.**

DO NOT WRITE IN THE SHADED AREA BELOW

Student ID # _____ Updated _____ _____ _____ _____ _____	Comments _____ _____ _____ _____
OFFICE USE ONLY <input type="checkbox"/> A.M. Kindergarten <input type="checkbox"/> P.M. Kindergarten Authorized by _____ Date _____	