

WEST CHESTER AREA SCHOOL DISTRICT STUDENT TRANSPORTATION REQUEST FORM

Complete a separate form for each student.

19-20 School Year

20-21 School Year

SCHOOL your student will attend: _____

STUDENT INFORMATION:

Last Name: _____

First Name: _____

Middle Initial: _____

Gender: (Please check): _____ Male _____ Female

Date of Birth: ____/____/____

Grade Level: _____

Residence Address: _____

City, State, Zip: _____

CONTACT INFORMATION:

Parent Name: _____ Contact Number: _____

Email: _____

Parent Name: _____ Contact Number: _____

Email: _____

Emergency Contact (Name & Phone Number) _____

BUSING REQUESTED: please check

____ AM ONLY ____ PM ONLY ____ AM & PM ____ NO BUSING

If you require busing for daycare purposes or an additional stop due to custody issues, etc., a Daycare Provider form must be completed. This form can be found on the Transportation Department page of the WCASD website at <https://www.wcasd.net/transportation>.

Signature of Parent: _____