



WEST CHESTER AREA SCHOOL DISTRICT
2024-25 STUDENT TRANSPORTATION REQUEST FORM

Please complete a separate form for each student. Photographs of the completed form are NOT accepted. Please complete this fillable form and email it to: transportation@wcasd.net or return by mail to the address below.

SCHOOL your student will attend: _____

STUDENT INFORMATION:

Last Name: _____

First Name: _____

Middle Initial: _____

Date of Birth: ____/____/____

Grade Level: _____

Residence Address: _____

City, State, Zip: _____

CONTACT INFORMATION: * **Transportation notifications sent to this contact**

*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: _____