

# Palmyra Area School District Transportation Request Form

1125 Park Drive, Palmyra, PA 17078

Phone: (717) 838-3144 ext. 4 Fax: (717) 838-5105

E-mail: [pasd\\_transportation@pasd.us](mailto:pasd_transportation@pasd.us)

<b>COMPLETED BY ALL REQUESTS</b>			
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Student Name			
Parent/ Guardian Name			
Address			
Telephone		E- mail Address	
Assigned School	Grade:	Teacher:	
Parent/ Guardian Signature			Date

<b>FOR NEW STUDENTS ONLY</b>	
Students may only be assigned to one AM and one PM route. For exceptions see Board Policy 810	

<b>AM Requested Stop Location</b>	At Home      Other      ( please circle)
If other please give location and address	
Reason for other stop location	

<b>PM Requested Stop Location</b>	At Home      Same as Above      Other      ( please circle)
If other please give location and address	
Reason for other stop location	

<b>COMPLETE FOR STUDENTS NEEDING A CHANGE WITH TRANSPORTATION</b>		
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<b>Current Bus Assignment</b>	<b>AM bus #</b>	<b>PM bus #</b>
<b>Current Stop Location</b>		
<b>Requested AM Stop Location</b>		
<b>Requested PM Stop Location</b>		
<b>Reason for change in stop location</b>	<b>Start Date:</b> (Up to 5 day notice required)	

<b>New Assignment Information (District use only)</b>		
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<b>AM Bus #</b>	<b>Pick Up Time:</b>	<b>Stop:</b>
<b>Transfer Bus#</b>	<b>To:</b>	
<b>PM Bus #</b>	<b>Drop Off Time:</b>	
<b>Effective Date</b>		
<b>Approved by</b>	<b>Date:</b>	
<b>Denied</b>	<b>Reason</b>	

Cc: Bus Company \_\_\_\_\_ School Office \_\_\_\_\_ teacher \_\_\_\_\_ parent \_\_\_\_\_ BT \_\_\_\_\_ PS \_\_\_\_\_



# Palmyra Area School District

1125 Park Drive Palmyra, Pennsylvania 17078-3499 • 717-838-3144 • fax 717-838-5105 • www.pasd.us

Bernie Kepler, D.Ed.  
Superintendent

Annette Spagnolo, D.Ed.  
Assistant Superintendent

## Cougars

Angela Hepner, MS-HRD  
Director of Human Resources

Darcy Brenner-Smith, CPA  
Director of Business Affairs

Katherine Setlock, D.Ed.  
Director of Pupil Services

### EMERGENCY CONTACT INFORMATION FORM

This information is extremely important in the event of an accident or medical emergency. If you plan on having your child ride the bus/van within the Palmyra School District, please complete this form. Please return this form to Karissa McGarrity at [karissa\\_mcgarrity@pasd.us](mailto:karissa_mcgarrity@pasd.us) or mail it to 1125 Park Dr, Palmyra PA 17078 attention Karissa McGarrity.

Parent Name: \_\_\_\_\_

Child/Children's Name \_\_\_\_\_

Non Public School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

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Primary Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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Secondary Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Additional Information: