

Palmyra Area School District Transportation Request Form

1125 Park Drive, Palmyra, PA 17078

Phone: (717) 838-3144 opt. 1 Fax: (717) 838-5105

Email : pasd_transportation@pasd.us

****Please allow up to 5 days for processing of request****

Student Name: _____ Grade: _____

Home Address: _____ Is this a new address? __ Yes __ No

Parent/Guardian Name: _____

Phone: _____ Email: _____

School Location (check one):

___ High School ___ Middle School ___ Lingle ___ Forge ___ Pine ___ Northside

___ Other: _____

Requested AM stop (address): _____

Requested PM stop (address): _____

Requested start date: _____

Today's Date: _____ Parent/Guardian Signature: _____

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For district office use only

AM Bus # _____ Time: _____ Location: _____

Transfer Bus # _____ Time: _____ Location: _____

Transfer Bus # _____ Time: _____ Location: _____

PM Bus # _____ Time: _____ Location: _____

Start Date: _____ Approved by: _____

cc: ___ Bus Co. ___ School ___ 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 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: _____

Primary Emergency Contact Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Secondary Emergency Contact Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Additional Information: