

Derry Township School District Kindergarten Transportation Request Form

Student Name	Date	Birthdate	
Both Parent(s) Names			
(Father)	(Mother)		
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. <input type="checkbox"/> 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. <input type="checkbox"/> 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

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 _____ _____ _____ _____
---	--