

Derry Township School District Kindergarten Transportation Request Form

Date			Birthdate
Student Last Name	First Name	Middle Initial	Student ID
Parent/Guardian 1 - Full Name		Parent/Guardian 2 - Full Name	
Address			

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 to trans@hershey.k12.pa.us

* DO NOT WRITE IN THE SHADED AREA BELOW *

Student ID # _____	Comments _____
Updated	
_ / _ / _	_____
_ / _ / _	_____
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