

TRANSPORTATION REQUEST FOR THE 2024-2025 SCHOOL YEAR

At this time, the following information **is required to be completed for each school-age child residing in the Wilkes-Barre Area School District, who qualifies for and needs transportation to/from school** for the 2024-25 school year. You may list multiple children within the family on one form, as long as they are all in the same school. If one student in the family is attending or will be attending another school, please fill out a separate form for that particular student.

(Last Name),	(First Name)			(2023-24)
_____	_____	Sex: _____	DOB: _____	Grade: _____
_____	_____	Sex: _____	DOB: _____	Grade: _____
_____	_____	Sex: _____	DOB: _____	Grade: _____
_____	_____	Sex: _____	DOB: _____	Grade: _____

Current School: _____

2024-2025 School: _____	2024-25 Grade: _____
_____	2024-25 Grade: _____
_____	2024-25 Grade: _____
_____	2024-25 Grade: _____

Current Transportation: *(leave blank if a new student, school or address)*

To School: **Bus #:** _____
Pick Up Location: _____

From School: **Bus #:** _____
Drop Off Location: _____

*******Transportation is needed from WBASD for 2024-2025: YES _____ (to / from / both) NO _____
(Please Check YES or NO) (Circle One)

Student(s)/Parent Address: _____ City/Zip Code: _____

Parent(s)/Guardian(s) Names: _____

Parent(s)/Guardian(s) EMAIL Address (please print): _____

Phone Number(s): (home) _____ (work) _____ (cell) _____

Emergency Contact & Phone No.: _____

List any changes that may occur in the student(s) address, etc. before the start of the 2024-2025 school year:

Parent/Guardian Signature: _____ Date: _____
(By signing this form you agree to the above information is true & correct)

IMMEDIATELY RETURN THIS COMPLETED FORM TO BCCCS
*****CUT OFF DATE TO RETURN FORM IS MARCH 15, 2024*****
*****FAILURE TO RETURN THIS FORM WILL PROHIBIT ESTABLISHING**
TRANSPORTATION OR TERMINATE EXISTING TRANSPORTATION***