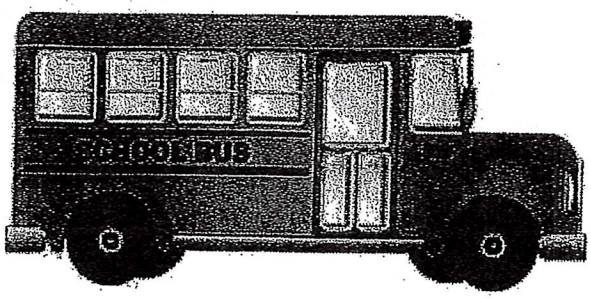

GETTYSBURG AREA SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT
900 BIGLERVILLE ROAD
GETTYSBURG, PA 17325
(717) 334-6254 ext. 1263
FAX (717) 334-5220

REQUEST FOR TRANSPORTATION
For the 2025-2026 school year

Date: _____

Student Name: _____

Street Address: _____

Mailing Address: (if different) _____

City: _____ State: _____ Zip code: _____

Birthdate: _____ Grade: _____

Parent Name: _____ Phone Number: _____

Parent Name: _____ Phone Number: _____

Student will be attending: **ST. TERESA OF CALCUTTA CATHOLIC SCHOOL**

Student _____ does _____ does not required transportation

If transportation is required, list the address for the student to be picked up and dropped off below. We will arrange transportation from only one morning address and one afternoon address.

AM Pick-up location: _____

PM drop-off location: _____

This for must be returned by June 30, 2025.

Transportation for your student will not be scheduled unless this form is returned.

Student Emergency Information for
Students Transported by the
GETTYSBURG AREA SCHOOL DISTRICT
PLEASE PRINT ALL INFORMATION

Student's Name _____
(Last, First, MI)

Student's Date of Birth _____/____/_____ Grade: _____

School Student Attends:_____

Students Street Address:

_____

_____

Student's Mailing Address: (if different than street address)

_____

_____

Home Phone Number:_____

EMERGENCY INFORMATION:

In the event of an emergency on the bus we will contact the people listed below in the order listed:

Name:_____ Phone #_____

Relationship to student: _____Alt Phone#_____

Name:_____ Phone #_____

Relationship to student: _____Alt Phone#_____

Name:_____ Phone #_____

Relationship to student: _____Alt Phone#_____

Does your child have any medical conditions that the bus/van driver should be aware of? (Allergies to stings or food, etc.)

_____

_____

_____

Parent Signature and Date: _____