



LITTLESTOWN AREA SCHOOL DISTRICT
Request for Transportation or Change
 One Form for Each Student Needs to be Submitted

Due by April 11, 2025

Effective Date of Change Requested The Transportation Dept MUST be in receipt of your request <u>at least 3 days</u> prior to the start date.			School Year 20 <u>25</u> / 20 <u>26</u>		OFFICE USE ONLY SIS _____ PARENT _____ SCHOOL _____ DRIVER _____ BUS # _____ AM _____ PM _____ Effective Date _____
<u>Month</u>	<u>Date</u>	<u>Year</u>	<u>New</u>	<u>Change</u>	

Student Name: _____

D.O.B. _____ M ___ F ___ Current Grade: _____ School: _____

Parent/Guardian Name: _____ Home Phone: _____

Home Address: _____ City: _____ Zip: _____

E-Mail Address _____ Cell Phone: _____

AM ___ from the school board approved bus stop closest (select one): from my HOME or from the SITTER: M ___ T ___ W ___ T ___ F ___

PM ___ to the closest board approved bus stop closest (select one): to my HOME or to the SITTER: M ___ T ___ W ___ T ___ F ___

If your child will be transported to or from a SITTER, the information below is required:

Sitter Name: _____ Sitter Phone Number: _____

Sitter Address: _____ City: _____ Zip: _____

___ Walking Group Assignment: M ___ T ___ W ___ T ___ F ___

___ Car Rider: M ___ T ___ W ___ T ___ F ___

___ YMCA Program – AM: M ___ T ___ W ___ T ___ F ___

___ YMCA Program – PM: M ___ T ___ W ___ T ___ F ___

Littlestown Area School District Board Policy Guidelines dictate that schedules must be consistent for a 2 week cycle. No seats will be held for any students that are inconsistent or for occasional riders. Students may not ride a bus other than the one to which they are assigned unless it is a true emergency, and then by administrative discretion only. Bus drivers ARE NOT allowed to accept notes. Changes are limited to 3 times per school year. All route times are subject to change. Non-residents will not be transported in Littlestown Area School District vehicles at any time.

****Kindergarten students MUST be received at the bus stop by a parent or guardian.****

 Signature of Parent/Guardian

 Relation to Student

 Date of Request

Please email completed form to LASDtransportation@lasd.k12.pa.us or Fax 717.359.9486