

BERMUDIAN SPRINGS SCHOOL DISTRICT
7335 Carlisle Pike, York Springs, PA 17372

Request for Transportation Please return by April 11, 2025

School Year 2025 - 2026

Student Name: _____

Street Address: _____

Mailing Address: (if different) _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Grade: _____ Male: _____ Female: _____

Parents Name: _____

Phone Number: _____ Email: _____

Emergency Contact Person: _____ Phone Number: _____

School Attending: _____

School Address: _____

Transportation Required _____ **Transportation Not Required** _____

If transportation is required, please fill out the information below. List the addresses for AM PICK-UP and PM DROP-OFF. We will arrange transportation from only one address in the morning and one address in the afternoon.

AM Pick up location: _____

PM Drop off location: _____

Parent Signature: _____ Date: _____

****This form must be submitted to the Bermudian Springs School District for transportation to be provided.**

Please return completed form to:

Bermudian Springs School District
Jennifer Heller, Assistant Business Manager
7335 Carlisle Pike
York Springs, PA 17372
jheller@bermudian.org
Fax: 717-528-7981