

**WEATHERLY AREA SCHOOL DISTRICT
2023-2024 BUS TRANSPORTATION FORM
REQUIRED YEARLY UNDER ACT 372**

EVERY STUDENT MUST RETURN A FORM EVEN WHEN TRANSPORTATION IS NOT REQUIRED.

PLEASE COMPLETE ALL THREE SECTIONS (SECTIONS A, B, AND C and SIGN SECTION D.)

SECTION A: STUDENT INFORMATION

NAME OF STUDENT _____ DATE OF BIRTH _____
(Last Name) (First Name)

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

FATHER/MALE GAURDIAN _____ WORK PHONE _____

MOTHER/FEMALE GUARDIAN _____ WORK PHONE _____

EMERGENCY CONTACT PERSON _____ EMERGENCY NO. _____

SECTION B: For the School Year 2023-2024 Select Name of School Student Will Be Attending

(check one and indicate grade)

PUBLIC SCHOOL

_____ Weatherly Area Elementary School	Grade _____
_____ Weatherly Area Middle School	Grade _____
_____ Weatherly Area High School	Grade _____

NON-PUBLIC SCHOOL

_____ MMI Preparatory School	Grade _____
_____ Marian Catholic	Grade _____
_____ Other (Please Indicate School Attending)	Grade _____

SECTION C: Indicate Transportation Requirements for 2023-2024 (check one)

_____ CHECK IF **NO** TRANSPORTATION IS NEEDED

_____ Check if student is to be transported to and/or from the nearest bus stop to residence.

_____ Check if student is to be transported in the AM or PM (Mon.-Fri.) from the nearest bus stop of a childcare location. (If you checked this section, you must complete the **Request to Provide Transportation To/From Childcare Location** form as attached.)

SECTION D:

_____ Parent/Guardian Signature

_____ Date

REQUEST TO PROVIDE TRANSPORTATION
TO/FROM CHILDCARE LOCATION

Please complete the following information and forward to the Weatherly Area School District,
602 Sixth Street, Weatherly, PA 18255. Board Policy 810.2 explaining bus stop changes and
regulations is available on the Weatherly Area School District website <https://weatherlysd.org>.

Student's Name: _____ Building: _____
 Last First

Home Address: _____

City: _____

Parent/Guardian Name: _____

Contact Phone Number(s): (H) _____ Work: _____

Childcare Name: _____

Address: _____

City: _____

Phone Number: _____

Transportation arrangements to childcare are for:

(Please note that all arrangements are for Monday through Friday.)

_____ Morning Transportation only
(Students will be dropped off at the nearest bus stop related to home residence in afternoon)

_____ Afternoon transportation only
(Students will be picked up at the nearest bus stop related to home residence in the morning)

_____ Transportation to same address both AM and PM

Starting Date: _____

Other Information:

