

CORNWALL-LEBANON SCHOOL DISTRICT
Caregiver/Request for Transportation Form

School Name: _____ School Year: _____

Parent or Guardian's Full Name: _____

Home Phone: _____ Emergency Contact Name: _____

Emergency Contact Phone: _____

Student's Street Address: _____ Zip: _____

Email Address: _____

<u>Full Name of Student</u>	<u>School Name</u>	<u>Grade</u>	<u>Birthdate</u>
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CHECK ONE-REGULAR BUSING SCHEDULE:

_____ We are requesting Cornwall-Lebanon School District transportation.

_____ We are not requesting Cornwall-Lebanon School District transportation.

CHILD CAREGIVER INFORMATION:

If you plan to have your child get on and off the bus at a caregiver's residence, please complete the section below. If you plan to have your child picked up and dropped off with a caregiver, that residence must be located in the same elementary school attendance area as your own. Each student will receive one seat on the bus, no student will be permitted multiple pick-up and drop-off locations.

Caregiver's Name

Telephone Number

Caregiver' Address (must live in the child's designated elementary school attendance zone)

I am requesting: AM Only _____ PM Only _____ Both AM & PM _____

Crystal Lightner
Coordinator of Transportation/PIMS
Cornwall-Lebanon School District
105 E. Evergreen Road
Lebanon, PA 17042
717-272-2031
Deadline July 8, 2019

clightner@clsd.k12.pa.us