

**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>
-----------------------------	--------------------	--------------	------------------

**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**

**[clightner@clsd.k12.pa.us](mailto:clightner@clsd.k12.pa.us)**

