



2220 Roosevelt Ave • York PA 17408 • (717) 764-5603 • FAX (717) 767-6062

REQUEST FOR TRANSPORTATION TO NON-PUBLIC SCHOOLS

Please provide the _____ School District with the following information if transportation is to be provided. Complete one copy per family. Reasonable arrangement time should be allowed once the request has been submitted. Student must be at least 5 years old and registered in Kindergarten or above grades to ride the bus.

Student's Name	Address	Grade	Birthday

School begins at 8:00am, and dismisses at 3:00pm.

Parent's/Guardian's Name _____ Ph.# _____
 (Please Print)

Email: _____

I am a resident of the _____ School District and request transportation to the York Adventist Christian School.

I request transportation for: Morning Only Afternoon Only Morning & Afternoon

Driving Directions: _____

Please use the backside of this form for any further directions or instructions. Thank you.

Parent's/Guardian's Signature _____ Date _____

This is to certify that the above named student(s) is/are enrolled in our school.

Signature of School Official _____ Date _____

