



2024-25
KEYSTONE CENTRAL SCHOOL DISTRICT TRANSPORTATION
REQUEST FORM

BT

Reason for request: (circle one) **New Student** **Changed School** **Moved** **Additional Stop Request**

Today's Date _____

Section 1: Primary Household information

Student Name: _____
(Last) (First) (MI)

School Attending: _____ Grade: _____

Home Address: _____
(Number) (Street) (PO BOX)

City: _____ Zip: _____ Township/Boro: _____

Siblings in the district: Name: _____ School _____

Parent /Guardian: _____ Relationship: _____
(Name)

Primary Phone#: _____ Secondary Phone#: _____

Emergency Contact: _____ Phone #: _____
(Name)

****Fill out section 2 if you are requesting additional busing such as second household or daycare****

Section 2: Secondary Household/Babysitter/Daycare information

The Transportation Department will only approve secondary stops if: The established stop already exists on the bus route (a new stop will not be created), there is room on the bus and the student is eligible for transportation from primary residence.

REMINDER: WALKERS ARE NOT ELIGIBLE FOR BUSING.

Contact Person: _____ Phone #: _____

911 Address: _____
(Number) (Street)

City: _____ Zip: _____ Township/Boro: _____

Section 3: Transportation Department Use Only

Busing approved Walker Effective date: _____

Primary busing Information:

AM Route: _____ Description: _____ Stop #: _____ P/U Time _____

PM Route: _____ Description: _____ Stop #: _____ D/O Time _____

Secondary Busing Information: (if eligible)

AM Route: _____ Description: _____ Stop #: _____ P/U Time _____

PM Route: _____ Description: _____ Stop #: _____ D/O Time _____

Stop Transportation on: _____