



## 2020-2021 School Year Transportation Services Form

This form **must be completed by Wednesday, July 15<sup>th</sup>, 2020**. Please mark only one choice for AM busing and only one choice for PM busing.

If your student does not need transportation because they are a walker or you will be providing transportation, please check none.

**NOTE:** If your student is or will be designated as a walker, completing this form will not make them eligible for transportation.

STUDENT NAME	SCHOOL	TRANSPORTATION NEEDED
1. _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NONE
2. _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NONE
3. _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NONE
4. _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NONE
5. _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NONE

If space is needed for additional students, please complete a second form.

Home Address: \_\_\_\_\_

Requested Alternate Address: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE:** In order to provide a safe environment for students, school personnel, and contracted personnel, vehicles may be equipped with video/audio monitoring devices.

Face coverings such as a mask or face shield may be required.

**Submit Form**

Or Email Completed form to [dtull@montoursville.k12.pa.us](mailto:dtull@montoursville.k12.pa.us)