AVON GROVE INTERMEDIATE SCHOOL
TRANSPORTATION REQUEST FORM

PART I
Student ____ Grade ____________

Parent(s) ____
Home Phone ______________________
Mom's Work Phone __________________ Dad's Work Phone ____________________
Mom's Cell Phone ___________________ Dad's Cell Phone _____________________

Home Address ____

PART II
If bus arrangements need to accommodate Day Care or another parent's address, please complete the following:

Other Parent or
Day Care Provider ______________________________________

Phone ________________________

Address ____

PART III
EXPLANATION OF REQUEST

		Circle applicable days:	Additional Comments: (if needed)
A.M. Pick Up at:	__ Home	M Tu W Th F	
	__ Day Care	M Tu W Th F	
P.M. Drop Off At:	__ Home	M Tu W Th F	
	__ Day Care	M Tu W Th F	

ARRANGEMENT TO BEGIN : (Circle the day and time) M Tu W Th F___________________AM PM
Date

___________________________________ ________________________
Parent/Guardian's Signature Today's Date

PART IV
Please draw maps or write descriptions to clarify the location(s) of your home and/or day care provider: