



Scranton School District

TRANSPORTATION REQUEST 2017-2018 SCHOOL YEAR

S

SCHOOL: HOWARD GARDNER

1. NAME OF STUDENT: _____
(Please print clearly)

2. ADDRESS OF STUDENT: _____
(Please print clearly)

IF RURAL, SPECIFY EXACT LOCATION: _____
(Please print clearly)

3. GRADE STUDENT WILL ENTER IN 2017: _____

4. NAME OF PUBLIC SCHOOL DISTRICT WHERE STUDENT RESIDES:

(Please print clearly)

5. THE ABOVE NAMED STUDENT LIVES APPROXIMATELY _____ MILES FROM THE PAROCHIAL SCHOOL TO BE ATTENDED IN 2017.

6. BUS STOP REQUESTED: _____

PARENT/GUARDIAN PHONE#: () _____

PARENT /GUARDIAN NAME: _____
(Please print clearly)

PARENT/GUARDIAN
SIGNATURE

SCHOOL PRINCIPAL
SIGNATURE

_____ APPROVED

_____ DENIED

*****PLEASE NOTE*****

STUDENTS CURRENTLY BEING TRANSPORTED BY THE SCRANTON SCHOOL DISTRICT MUST RE-APPLY FOR THE 2017-2018 SCHOOL YEAR.

A SEPARATE FORM MUST BE COMPLETED FOR EACH STUDENT REQUESTING TRANSPORTATION.

ALL APPLICANTS MUST RESIDE WITHIN THE BOUNDARIES OF THE SCRANTON SCHOOL DISTRICT.