

**Hanover Area School District
Transportation Office
1600 Sans Souci Parkway
Hanover Township, PA. 18706
Phone: 570-831-2300 / ext. 179
Fax: 570-822-6776**

REQUEST FOR TRANSPORTATION UNDER 372

Parents: Please fill in this form and return it to our office as soon as possible whether you will need bus transportation for your child or not. Your child will not be scheduled for transportation if a completed form is not submitted to the District Transportation Office and someone from transportation will call you with your child's start date.

SCHOOL YEAR: 202 -202 **BUS #** _____ **Grade:** _____

Check what transportation you will need:

AM only PM only Both AM & PM No Transportation Needed / Walker
 Other: _____

Child's Full Name: _____ **D.O.B.** _____ **Age:** _____

Child's Primary Address: (#, Street, Apt. #, Floor): _____

(City, State, Zip Code) : _____

Child's Primary Phone Number: _____

Parent's /Guardian Name: _____

Home / Cell Phone: _____

Emergency Contact Name (if you cannot be reached): _____

Home / Cell Phone: _____ pickup rights: YES. NO

School child will be attending:

_____	Lyndwood Elementary (Pre-K – Kindergarten)
_____	Hanover Green Elementary (1 st – 2 nd)
_____	Lee Park Elementary (3 rd – 4 th)
_____	Memorial Elementary (5 th – 6 th)
_____	Jr./Sr. High School (7 th – 12 th)

Parent/Guardian Signature: _____ **Date:** _____

(Because the safety of the students is of utmost importance to us an adult MUST be present and clearly seen by the bus driver at the time of pickup and drop off for students' grades (Pre-K – 3rd).

*** Should you change your address during the school year, immediately notify your child's school for the new address change form with proof of residence to add your child to the new bus schedule. (Your child will NOT be allowed on the bus without being on that bus schedule)**