

Non-Public School Request for Student Transportation

To be completed by Parent or Guardian

Version 17.1

Request form must be completed and submitted to the Millcreek Township School District Transportation Department in order to utilize transportation provided by the Millcreek Township School District for the upcoming school year.

Confirmation of transportation assignments will be mailed to the home address provided.

Non-Public School Information: Too			Today's Date:	day's Date:			
Name of Institution:			🗆 Parochial	☐ Private	□ Cha	arter	
Telephone:	Telephone:			Hours of Operation:			
Household Information	tion:						
Parent/Guardian (1):			☐ Parent	☐ Other:			
Parent/Guardian (2):			☐ Parent	☐ Other:			
					☐ Work ☐ Mobile	□ (1) □ (2)	
Student Information	n:						
Last Name:		First Name:			M.I.:	:	
Birth Date:	Month/Date/Year	Gender:	☐ Female ☐ N	⁄/ale			
Grade:	<u> </u>						
Requested date fo	or new transportation to begin:						
		Month/Date/Year					
Requ	ested transportation schedule:	☐ AM Pick Up ☐ PM Dro	op Off 🗆 Both A	M and PM Tra	ansportati	on	
Emergency Medical I	Information (allergies, condition	ns, etc.):					
	_						
Parent/Guardian S	ignature		Date				
MTSD Transportation Off	ice Use Only	Date	e Received in Office:				
☐ Approved Route	e:	Stop:	Effective Date:				