



# LOYALSOCK TOWNSHIP SCHOOL DISTRICT

## Transportation Services Request Form

Mrs. Christine Prohidney, Transportation Coordinator  
570-326-4681 or cprohidney@loyalsocklancers.org

Visit our website at: [www.ltsd.k12.pa.us/our-district/k-12-services/student-transportation](http://www.ltsd.k12.pa.us/our-district/k-12-services/student-transportation)

### In order to utilize school bus transportation, the following regulations apply:

- The child/children must be eligible for bus transportation.  
*(Definition: The student's residence to school must be at least 1.5 miles for grades K-6 or 2 miles for grades 7-12 or be located on "PennDOT" designated hazardous roads.)*
- The bus assignment is for every day of the week, every week of the school year. Requests will not be honored for partial weeks or every other week.
- Bus assignments and stops are determined by the student's primary residence address and students will be transported to/from this location.
- Transportation will not be provided to addresses other than the student's primary residence, such as relatives, friends, babysitters, etc. Exceptions may be granted in the case of an extreme emergency and require approval by the Transportation Department.
- Transportation is provided for students attending the YMCA School Age Care Program and the Loyalsock Township After School Program.

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

**PURPOSE OF REQUEST:**       New Bus Rider       Change Registration (allow 48-72 hours processing time)

	STUDENT NAME	SCHOOL	GRADE	
1.	_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
2.	_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
3.	_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
4.	_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
5.	_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
6.	_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM

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

**HOME ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Phone Number

\_\_\_\_\_  
Parent/Guardian's Email Address

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

★ Vehicles are equipped with video/audio monitoring devices ★

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

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### TRANSPORTATION SERVICES USE ONLY:

AM    PM   BUS #: \_\_\_\_\_ STOP LOCATION: \_\_\_\_\_

New Stop:  AM  PM

AM    PM   BUS #: \_\_\_\_\_ STOP LOCATION: \_\_\_\_\_

Hazardous Route

Non-Reimbursable

Parent Notification Sent:  US Mail  Email Date: \_\_\_\_\_

SIS  TR  SC