

This form is to be completed by both parents if transportation is to be shared. Parents must be in agreement with the transportation arrangements. Requests must be submitted annually. For safety reasons, we ask that you adhere to the dates listed.

WILMINGTON AREA SCHOOLS  
TRANSPORTATION  
REQUEST 2023-2024

Wilmington Area School District will only provide transportation for school-age students residing within the boundaries of the district. (Wilmington Twp. – Lawrence County, Wilmington Twp. – Mercer County, Pulaski Township, Washington Twp., Plain Grove Twp., Borough of Volant and New Wilmington Borough)

(Please print in blue or black ink)

Pupil's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_

(Last) (First) (Middle)

Address \_\_\_\_\_

(Street/Road/PO Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Grade \_\_\_\_\_

School:  Elementary  Middle School  High School  Other \_\_\_\_\_

Living with:  Mother  Father  Both  Guardian  Other \_\_\_\_\_

**Father/Guardian Information**

Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_

Last First

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Telephone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Stepmother \_\_\_\_\_

AM Pick-Up Days: M  T  W  Th  F

PM Drop-Off Days: M  T  W  Th  F

AM Bus Number \_\_\_\_\_ PM Bus Number \_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

Father's/Guardian's Signature: \_\_\_\_\_

\_\_\_\_\_

**Mother/Guardian Information**

Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_

Last First

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Telephone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Stepfather \_\_\_\_\_

AM Pick-Up Days: M  T  W  Th  F

PM Drop-Off Days: M  T  W  Th  F

AM Bus Number \_\_\_\_\_ PM Bus Number \_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

Mother's/Guardian's Signature: \_\_\_\_\_

\_\_\_\_\_

Date request is to begin \_\_\_\_\_

For Office Use Only

Approved

Not Approved

Superintendent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Sent to: Krise Transportation  WAES  WAMS  WAHS

A form must be completed for each student requesting transportation.  
If you have any questions, please feel free to contact Melda Irwin at (724) 656-8866, ext. 6100.

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Request Received \_\_\_\_\_