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)

WILMINGTON AREA SCHOOLS

TRANSPORTATION REQUEST

For Office Use Only:

AM Bus_____

PM Bus_____

2023-2024 School Year

Pupil's Name_____ Sex ☐ M ☐ F Date_____
(Last) (First) (Middle)

Address_____
(Street/Road/PO Box)

City_____ State_____ Zip_____ Date of Birth_____

Residence_____ County: ☐ Lawrence ☐ Mercer
(Boro/Twp.)

School ☐ Saint John Paul II ☐ Brighter Visions ☐ Cray ☐ Faith Country Chapel
☐ Glade Run/St. Stephen's (North) ☐ Glade Run/St. Stephen's (South) ☐ Grove City Christian ☐ Kennedy Catholic
☐ Kitestrings ☐ Lakeview ☐ Laurel HS ☐ Law. Cnty CTC
☐ NC Early Learning Center ☐ Neshannock HS ☐ New Castle Christian ☐ Pathfinders
☐ Pinacle Program ☐ Portersville Christian ☐ St. Vitus ☐ Shenango HS
☐ Union HS ☐ WAHS – IU Program ☐ WPSD ☐ Other_____

School Starting Time_____ School Ending Time_____Grade_____ Date Entered_____

Father's Information

Name_____
Last First M.I.
Address_____
City_____
State_____Zip_____
Home Phone_____
Cell Phone_____
Email_____
Occupation_____
Employer_____
Work Telephone_____
Emergency Name_____
Emergency Phone_____

Mother's Information

☐ Mrs. ☐ Ms. ☐ Miss
Name_____
Last First Maiden Name
Address_____
City_____
State_____Zip_____
Home Phone_____
Cell Phone_____
Email_____
Occupation_____
Employer_____
Work Telephone_____
Emergency Name_____
Emergency Phone_____

Living with: ☐ Mother ☐ Father ☐ Both ☐ Other_____
Step Parent:_____Guardian_____

Other children in the family:

NAME	SEX	DATE OF BIRTH	Remarks (Any additional information the teacher should have in understanding your child):

Parent/Guardian Signature_____ **Date**_____

A form must be completed for each student requesting transportation. If you have any questions, please feel free to contact Tressa McBride at (724) 656-8866, ext. 6100. Email completed forms to tmcbride@wasd.school

Transportation Start Date_____ End Date_____# of Days Transported_____