

WEST YORK AREA SCHOOL DISTRICT

EVERY STUDENT EVERY DAY

2019-2020 Alternate Transportation Request Form

Complete this form & mail to:

2605 W. Market St York , PA 17404 or via

e-mail to transportation@wyasd.k12.pa.us

Date of request: _____ **Date stop to take effect:** _____

Your request will be reviewed and responded to as soon as possible .

Requests may take up to 3 days to accommodate.

STUDENT NAME _____

PARENT NAME _____

PERSON MAKING REQUEST _____

Only the parent or guardian with legal custody can request change.

REASON FOR REQUESTED ADDITIONAL STOP

IS THE REQUESTED STOP: TEMPORARY _____ PERMANENT _____

AM only _____ PM only _____ Both _____

ALTERNATE ADDRESS REQUEST:

ALL ADDRESSES MUST BE WITHIN THE WEST YORK AREA SCHOOL DISTRICT

STUDENTS CURRENT ASSIGNED BUS # _____

STUDENTS GRADE AND BUILDING _____

PARENT CONTACT EMAIL ADDRESS: _____

NOTE: SUBMITTING A REQUEST DOES NOT GUARANTEE AN ALTERNATE STOP.

Parent /Guardian Signature _____

To be completed by transportation office:

DATE RECEIVED _____ Date Started: _____

2019-2020 Alternate stop information:

Dear Parent/Guardian

For the 2019-20 school year, the West York Area School District is updating the transportation software that routes our student's buses. Your student has been identified as having an alternate stop. This information will not carry over from the old bus software system, therefore we are asking that parents fill out the attached form. This will help identify those students who are still in need of an alternate stop for the 2019-20 school year. Please fill out this form and return it by giving it back to the bus driver or e-mailing it to transportation@wyasd.k12.pa.us.

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