

**SHIPPENSBURG AREA SCHOOL DISTRICT  
CUSTODY TRANSPORTATION REQUEST**

---

Transportation for students is provided in accordance with regulations established by the laws of the Commonwealth of Pennsylvania, the Motor Vehicle Code and the Shippensburg Area School District Pupil Transportation Policy (#810). The Director of Transportation reviews and may grant special transportation service requests within the confines of that policy. Parents requesting a change in transportation service should complete and return this form to the *SASD Transportation Department at 201 Eberly Drive, Shippensburg*. **Please be sure your request is complete and describes in detail the nature of your request.** You will be notified in writing when review of your request has been completed.

**PARENT/LEGAL GUARDIAN NAME & ADDRESS:**

<b>Guardian 1:</b> _____  Address _____ _____ _____  Phone # _____	<b>Guardian 2:</b> _____  Address _____ _____ _____  Phone # _____
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

**Is there a custody agreement on file at your child's school building?    YES        NO**  
**Which Guardian should bus passes be mailed to?**  
**Name/Address:** \_\_\_\_\_

**STUDENT(S) AFFECTED BY REQUEST:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**SCHOOL & GRADE:** \_\_\_\_\_

**NATURE OF REQUEST** (Please include Name(s)/Address/Phone # of any Daycare/Sitters):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

**FOR SCHOOL USE ONLY\*\*\*\*\***

TRANSPORTATION OFFICE DECISION: