

BUS TRANSPORTATION FORM

The city of Philadelphia provides bus transportation for children in grades 1 - 8 who live more than **1.5 miles** from the School. **Busing is entirely up to the discretion of the Philadelphia School District.**

FAMILY NAME _____ PHONE _____

STREET ADDRESS _____ ZIP _____

I am requesting busing for: _____AM _____PM _____Both

Name _____ Grade _____ Birthdate _____

Name _____ Grade _____ Birthdate _____

Name _____ Grade _____ Birthdate _____

Our address for busing in September will be (any changes, please notify us ASAP):

The closest intersection to our home is:

1. _____

2. _____

In the event of a bus emergency, please list two emergency contacts who will be responsible for picking your child(ren) up.

NAME _____ PHONE _____ Cell _____

NAME _____ PHONE _____ Cell _____

If you move, please notify the school as soon as possible so we can have your stop changed. Thank you.

I recognize my child could be removed from the bus if his/her behavior becomes a detriment to the school and other children.

I have elected to use Philadelphia School District bussing and I acknowledge that H.C.A. is not responsible nor has control over any event happening on the school bus.

Parent's Signature _____ Date _____