



# LOYALSOCK TOWNSHIP SCHOOL DISTRICT

## Transportation Services Request Form

1605 Four Mile Drive Williamsport, PA 17701  
Mrs. Christine Prohidney, Transportation Secretary, 570-326-6508, ext. 1009 or  
cprohidney@loyalsocklancers.org

Visit our website at: [www.ltsd.k12.pa.us/our-district/k-12-services/student-transportation](http://www.ltsd.k12.pa.us/our-district/k-12-services/student-transportation)

**In order to utilize school bus transportation, the following regulations apply:**

1. The child/children must be eligible for bus transportation.  
*(Definition: The student's residence to school must be at least 1.5 miles for grades K-6 or 2 miles for grades 7-12 or be located on "PennDOT" designated hazardous roads.)*
2. The bus assignment is for every day of the week, every week of the school year. Requests will not be honored for partial weeks or every other week.
3. Bus assignments are determined by the student's primary address and students will be transported to/from this location.
4. Requests for transportation to/from an alternate address requires approval by the Transportation Office and must meet the following criteria:
  - (a) The child/children must be eligible bus riders.
  - (b) An open seat must exist on the alternate bus and a new stop is not required.
  - (c) The alternate address must be located within the school boundaries and at an address which meets eligibility for busing.
  - (d) It is understood that if a new child/children is enrolled who lives along the bus run and requires a seat on a full bus, your child will be removed and placed back on his/her original bus to your residence. Parents will be given at least three days' notice.

PURPOSE OF REQUEST:  New Bus Rider  Change Registration (allow 48-72 hours processing time)

	STUDENT NAME(S)	SCHOOL	GRADE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Home Address: \_\_\_\_\_  AM  PM

Requested Alternate Address: \_\_\_\_\_  AM  PM

\_\_\_\_\_  
Alternate Address- Contact Name Contact Phone Number

\_\_\_\_\_  
Parent/Guardian's Signature Parent/Guardian's Phone Number

\_\_\_\_\_  
Parent/Guardian's Email Date

**★ Parents/Guardians will receive written notification of student's bus assignment via US Mail or Email.**

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**TRANSPORTATION SERVICES USE ONLY:**

AM  PM BUS #: \_\_\_\_\_ STOP LOCATION: \_\_\_\_\_ New Stop:  AM  PM  
 AM  PM BUS #: \_\_\_\_\_ STOP LOCATION: \_\_\_\_\_  Hazardous Route  
 Alternate Request Denied Reason: \_\_\_\_\_  Non-Reimbursable  
 Parent Notification Sent:  US Mail  Email Date: \_\_\_\_\_  SIS  TR  SC