

WEST YORK AREA SCHOOL DISTRICT
TRANSPORTATION REQUEST 2020- 2021 School Year
NON-PUBLIC SCHOOLS

STUDENT'S NAME _____

BIRTH DATE _____ GRADE _____

STREET ADDRESS _____

PARENT (S)' NAME _____

Primary phone _____ Secondary phone _____

EMAIL ADDRESS _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE _____

Transportation Requested from registered address: Please check the ones requesting

Am only _____

PM only _____

Both AM & PM _____

*Car- rider _____

*If your student is a car- rider no form is needed for West York Transportation.

Please send to West York Area School District Transportation

Attn: Kristi George

1891 Loucks Rd Suite 100 York, PA 17408

Or email- kjgeorge@wyasd.k12.pa.us

I am a resident of West York Area School District and am requesting transportation to

_____ School

Parent/ Guardian Signature: _____ Date _____

Please note, transportation can take approx. 5 business days to begin from the date that this form is completed and all proof of residency documentation has been received

To be filled out by NON-Public School:

This is to certify that the above-named student is enrolled in your school and you have attached the required documentation (mortgage or lease agreement as the primary proof with utility bill and drivers/ photo license as the 2nd and 3rd proof for the above-mentioned address:

Principal/ Designee's Signature: Adrienne K. Seufert

Name of school: York Catholic High School

Email: KSeufert@yorkcatholic.org Phone: 717-846-8871