



**DOVER AREA SCHOOL
DISTRICT
2024-2025**

PRIVATE, PAROCHIAL, NON-PUBLIC TRANSPORTATION REQUEST

SCHOOL REQUESTING TRANSPORTATION _____

SCHOOL CONTACT: NAME _____ PHONE _____

STUDENT _____
LAST FIRST MIDDLE

DATE OF BIRTH _____ GRADE _____ GENDER _____ M _____ F

CHILD RESIDES WITH _____ BOTH PARENTS _____ MOTHER _____ FATHER _____ LEGAL GUARDIAN

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ (HOME) _____ (CELL) _____ (WORK)

EMAIL ADDRESS: _____

CONTACT NAME #1 _____ RELATIONSHIP TO STUDENT _____

CONTACT NAME #2 _____ RELATIONSHIP TO STUDENT _____

DATE: _____

Requested Transportation: _____ AM Only _____ PM Only _____ AM and PM _____ None

Please explain above request if needed: _____

RETURN TO:
Transportation Department
Dover Area School District
101 Edgeway Road, Dover, Pa. 17315
717-292-3671 Ext. 80222
Fax: 717-292-6024; Email: kkohler@doversd.org

**REQUESTS MAY TAKE UP TO 3 DAYS TO ACCOMMODATE
NO CHANGES WILL BE MADE FROM AUGUST 5 - SEPTEMBER 3, 2024**