## CORRY AREA SCHOOL DISTRICT Transportation Add/Change Request Form

To set-up or change your child's transportation, please complete the form below and return to: Mandi Johnson, Transportation, 540 East Pleasant Street, Corry PA 16407(814) 664-4677, ext 1223 <u>mjohnson@corrysd.net</u> Transportation will be provided to non-public schools located within 10 miles of the Corry Area School District. *Form must be completed every school year to request alternate transportation.* 

Student Name:	Grade:		
Home (Physical) Address:			
Parent Name:	Phone:		
Date for transportation to Start:	(Please allow 2 business days for changes)		

\*\*\*Bus riders will be permitted a maximum of two stop locations; home, custody arrangement, or childcare address. We strongly advise you to keep their bus schedule consistent. The safest situation would be the same location morning and afternoon.

MORNING TRANSPORTATION (please check)							
Car Rider:	🗌 Every AM	Other (Please specify days)					
Walker:	Every AM	$\Box$ Other (Please specify days)					
Bus rider:	🗌 Every AM	$\Box$ Other (Please specify days	s)				
AN	1 bus pickup address	– please circle one: H	ome Cu	stody	Childcare		
Pick Up Address (If other than home):							
If Childcare: Name of Provider				Provider Phone			
AFTERNOC	N TRANSPORTATIO	N (please check days needed	)				
		Other (Please specify data	_				
Walker:	Every PM	PM 🗌 Other (Please specify days)					
Bus Rider:	Every PM	Other (Please specify days)					
PM drop off address – please circle one: Home Custody Childcare							
•	Drop off Address (If	other than home) :					
	If Childcare: Name	of Provider		Provide	r Phone		
***PM Car Riders at CAPS will need an assigned car tag for pick-up. Car tags are issued by CAPS.							