



18741 State Highway 198, Suite 101 Saegertown, PA 16433  
Facilities and Transportation (814) 337-1600 ext. 1629

## SPLIT CUSTODY TRANSPORTATION POLICY/REQUEST FORM

PENNCREST School District Procedure for Split Custody Transportation: We will try to honor your request on an existing bus route and when there is available seating capacity. The District will not add any additional mileage to a route nor use additional equipment for these requests.

Student Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian: (Lives where student attends school) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

We, the above Parent/Guardian of \_\_\_\_\_ wish to have transportation to and from both residences. Attached you will find an initial calendar for the coming month stating the dates/addresses our child(ren) will be transported to/from. We are in agreement with this calendar and will supply our child's school with a consistent calendar each month to continue transportation.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
(Both signatures mandatory)

Date you wish transportation to begin: \_\_\_\_\_

*Office use*

GUARDIAN 1

GUARDIAN 2

Approved By \_\_\_\_\_

Date Approved \_\_\_\_\_

Bus#/Time \_\_\_\_\_

Bus Stop Location \_\_\_\_\_

Bus#/Times \_\_\_\_\_

Bus Stop Location \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_