



Waynesboro Area School District

210 Clayton Avenue
Waynesboro, PA 17268
717-762-1191

Transportation Information

(Please complete this form and promptly return it to school)

Today's Date: _____ Requested Kindergarten ____ AM ____ PM - (if available)

Student Name: _____
(Last) (First) (Middle)

Mailing Address: _____

Physical Address: _____

Directions: _____

Date of Birth: _____ Sex: _____ Telephone No.: _____

Physical Handicap: No ___ Yes ___ If yes, please explain: _____

Name of School: _____ Grade: _____

Bus Information – Does student require Transportation Yes ___ No ___

Will student be getting on and off at a Day Care Provider? Yes ___ No ___ If yes, please explain:

To School: _____

After School: _____

Name, Address and Phone of Day Care Provider: _____

Name of Parent or Guardian (Male) _____

Name of Parent or Guardian (Female) _____

Emergency Telephone Number: _____

Signature: _____

For Office Use Only:

Going to School: Bus _____

After School: Bus _____

Initials: _____ Date: _____