



# WALLINGFORD-SWARTHMORE SCHOOL DISTRICT REGISTRATION

200 S PROVIDENCE RD, WALLINGFORD, PA 19086-6334 610-892-3470 X 1506

## STUDENT TRANSPORTATION INFORMATION FORM

Dear Parent/Guardian,

The following information concerning transportation must be obtained by the Transportation Department to ensure your child's proper placement on a bus route. All arrangements should be kept the entire school year to maintain safe and efficient transportation for your child.

Patti Diaferio, Transportation Supervisor  
610-892-3470 ext. 1701 or ext. 1702

<input type="checkbox"/> New Student	Name of School: _____
<input type="checkbox"/> Address Change	School Address: _____
	Telephone: _____

Student's Name: _____	Telephone Number: _____
Date of Birth: _____	Emergency Number: _____
Parent(s)/Guardian(s) Name(s) & Address: _____ _____ _____	Will your child require transportation To school: <input type="checkbox"/> Yes <input type="checkbox"/> No From school: <input type="checkbox"/> Yes <input type="checkbox"/> No Grade: _____

Please complete the following section if your child will be requiring transportation before or after school to a place other than your home address. (example - daycare)

To School: My child should be picked up from the following address:

After School: My child should be taken to the following address:

_____	_____
_____	_____
_____	_____
_____	_____

Are there any allergy or health related issues regarding your child that are relevant to transportation? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require the use of any special equipment for transportation purposes?

Yes  No If yes, what? \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Transportation Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student First Name \_\_\_\_\_  
Student Last Name \_\_\_\_\_