A NEW REQUEST MUST BE COMPLETED EACH SCHOOL YEAR

WE WILL NOT TRANSPORT WITHOUT A REQUEST FORM

RED LION AREA SCHOOL DISTRICT

NON-PUBLIC SCHOOL REQUEST FOR TRANSPORTATION 2025-26 SCHOOL YEAR

| | | | | 202 | 13-20 | SCHOOL 1E | AK | | | |
|-----------------------------------|---|---|--------------------------|-----------------------------------|---------------------------|----------------------------------|---------------------------------|--------------------|---------------------------------|--|
| **PLEASE PRO | OVIDE | A CL | JRRENT | PHONE AND E | -MAIL F | OR THE SKY | LERT EME | RGE | NCY NOTII | FICATION SYSTE |
| Please complete | the info | rmatio | n below: | | | | | | | |
| School Attending | | | | | | | | | | _ |
| Parent(s) Names | ent(s) Names - Mother: Father: | | | | | | | | | |
| Home Address | | | | | | | | | | _ |
| | | _ | | | | | | | | _ |
| Babysitter Address Mother: | (if applic | :able) _ | | | | | | | | _ |
| | Number | | | | | | | | | |
| E Mail | Address | | | | | | | | | |
| Father: | Number | - | Cell Ph Number | | | | | | | |
| | | | | | | | | | | |
| | | | | nber(s) | | | | | | |
| | | | | PORT CHILDREN V SCHOOL YEAR TI | | | | | | |
| Student Name(s) |) | | | | | (mm/dd/yyyy) | Birthday | | Gender (M/F) | _ Grade |
| | | | | | | | Birthday | | Gender | |
| Student Name(s) | | | | | | (mm/dd/yyyy) | Birthday | | (M/F) Gender | <u>.</u> Grade |
| Student Name(s) | | | | | | (mm/dd/yyyy) | , | | | <u>.</u> Grade |
| Student Name(s) |) | | | (mm/dd/yyyy) | | | Birthday | | Gender (M/F) | <u>.</u> Grade |
| Student Name(s) | | | | | | | Birthday | | Gender | |
| | | | | | | | | | | |
| | | | | re transportation by | y circling th | e correct choic | e below: | | | |
| Transportation is | portation is required for the above students: AM or PM Both AM and PM None | | | | | | | | | |
| If you require trai | | - | | days only, please in | | | 16 | | | |
| Monday | , | Tue | esday | Wednesday | Th | ursday | Friday | or | Mon - Friday | / |
| Start Data: | | | | | | | | | | |
| Start Date: (Signature | | | | | | | | gnature) | | |
| below by June 1 For students requ | 15, 2025 uesting t e aware | <mark>i.</mark> You transp e that p | will be no ortation a | fter the school year | August of t has starte | he time and loo d, arrangemen | cation of the buts will be made | us stop e and t | o and other d transportatior | s or email listed etails of transportatic n provided within two strict boundaries nor |
| Detume to | Dod I: | on A | - C-bI | District | | | | | | |

Red Lion Area School District Return to:

Attn: Mrs. Diane Lubking

696 Delta Rd Red Lion, PA 17356 Fax: (223) 200-3001

Phone: 717-244-4518 Option #3 for Transportation

transportation@rlasd.net

RLASD Approver: __