

NON PUBLIC SCHOOL REQUEST FOR TRANSPORTATION **SCHOOL YEAR 2023-2024**

A new transportation request must be completed each school year Please complete, sign and return to Conestoga Valley School

| Phone Number(s) (during school Parent/Guardian Email Address Person(s) to be notified in case o | hours):s:sf emergence | Ce | ell phone(s): |
|---|-----------------------|----------|---|
| Phone Number(s) (during school Parent/Guardian Email Address Person(s) to be notified in case o | hours): | | |
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| Parent/Guardian Email Address Person(s) to be notified in case o | s:f emergenc | | |
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| • • | • | y – wher | |
| | | - | - |
| Vame: | | Relat | tionship to student: |
| Phone number during school hou | · | | |
| Name: | | Relat | tionship to student: |
| Phone number during school hou | ırs | | |
| | | | |
| Students needing Transportation | 1 | 1 | |
| Student Name | Birthdate | Grade | School attending |
| | | | |
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| | | | |
| | | | |
| Requested start date for transpor | tation: | | |
| Regular Transportation Schedule | Requested | l: | |
| BOTH AM & F | PM | | AM only PM only |
| Student Allergies, Medications, c | or additiona | l comme | ents: |
| Signature of Parent/Guardian | | | Date: |
| | | - | 160 Newport Rd, Leola, PA 1754 ogavalley.org |
| | | | |
| | | | e received by July 31, 2023. iled by August 15 th . |

Phone: 717.656.2601



Requests received after August 1st will be finalized after September 10th.

