



LANCASTER CITY SCHOOLS TRANSPORTATION REQUEST

Bus Student Information Only

Name _____ Home Phone _____

Home Address _____ Apt. # _____

Parent/Guardian Name (s) _____ Home Phone _____

Cell Phone # _____ Work Phone _____

School Attending _____ Grade _____

A.M. Pick Up Location _____ Must be same each day of school
year and in the school of attendance boundary.

P.M. Drop Off Location _____ Must be same each day of school
year and in the school of attendance boundary.

If your child is a Kindergarten Student, we recommend that a responsible adult meet them at the bus stop. In case of an emergency, if you are not going to be at the bus stop, you must call to inform us to keep your child on the bus and make alternate arrangements for pick up.

Lancaster City Schools
Transportation Department
901 E. Fair Ave.
(740) 687-7366