

**Selinsgrove Area School District  
329 Seals Avenue  
Selinsgrove, PA 17870  
Transportation Office**  
**(Note: This Form Must be Completed Each School Year)**

**“TRANSPORTATION REQUEST”  
FOR CHANGE IN LOADING ZONE**

NAME OF STUDENT \_\_\_\_\_

PARENTS/ GUARDIAN NAME \_\_\_\_\_

STUDENT GRADE \_\_\_\_\_ STUDENT SCHOOL \_\_\_\_\_

STUDENT ADDRESS \_\_\_\_\_ Twp/Borough \_\_\_\_\_

STUDENT HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT/LEGAL GUARDIAN CELL NUMBER \_\_\_\_\_

EMAIL: \_\_\_\_\_

PRESENT LOADING ZONE \_\_\_\_\_

REQUESTED LOADING ZONE \_\_\_\_\_

LENGTH OF TIME CHANGE REQUESTED DATES (From ----- TO-----) AM \_\_\_\_\_ PM \_\_\_\_\_

REASON FOR ABOVE REQUEST \_\_\_\_\_

NAME, ADDRESS AND PHONE # OF PERSON TAKING RESPONSIBILITY AT REQUESTED LOCATION :

\_\_\_\_\_

**THIS TRANSPORTATION REQUEST FORM IS FOR BUS RIDING STUDENTS ONLY AND MUST BE SUBMITTED BEFORE IT CAN BE ACTED UPON. REGULARLY ASSIGNED STUDENTS ON THE REQUESTED SCHOOL BUS/VEHICLE HAVE FIRST PREFERENCE FOR SEATS. THE REQUESTED SCHOOL BUS/VEHICLE MUST HAVE AVAILABLE SEATING CAPACITY FOR ANY ADDITIONAL STUDENT(S). THEREFORE, IF THE NEWLY ASSIGNED STUDENT (S) VEHICLE BECOMES OVER-CROWDED AT ANY TIME, THIS STUDENT (S) THAT IS APPROVED COULD BE ASKED TO RETURN TO HIS/HER REGULARLY ASSIGNED SCHOOL VEHICLE. MAY ONLY BE ASSIGNED TO ONE (1) VEHICLE. YOU MAY MAIL (ADDRESS ABOVE) OR FAX THIS REQUEST FORM TO 570-372-2208, or Email: [mwolfberg@seal-pa.org](mailto:mwolfberg@seal-pa.org)**

Signature of Parent/Guardian for Requested Change Above

\_\_\_\_\_ Date \_\_\_\_\_

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Date received at Transportation Office \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Bus No \_\_\_\_\_ Bus Stop \_\_\_\_\_