



## WEST MIFFLIN AREA SCHOOL DISTRICT

81 Commonwealth Avenue West Mifflin, PA 15122

(412) 466-9131 Fax: (412) 466-9260

**Mr. Jeffrey T. Soles**

*Superintendent of Schools*

### PRIVATE SCHOOL REQUEST FOR STUDENT TRANSPORTATION

THIS FORM MUST BE COMPLETED IN ORDER TO UTILIZE TRANSPORTATION PROVIDED BY WEST MIFFLIN AREA SCHOOL DISTRICT FOR THE UPCOMING SCHOOL YEAR. CONFIRMATION OF TRANSPORTATION ASSIGNMENTS WILL BE MAILED DIRECTLY TO YOU.

Name of Private School: \_\_\_\_\_

Hours of Operation & Phone: \_\_\_\_\_

#### PARENT OR GUARDIAN INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Emergency # (for bus driver): (     ) \_\_\_\_\_ - \_\_\_\_\_

#### STUDENT INFORMATION (one student per form)

Name: \_\_\_\_\_

First

Middle Initial

Last

Birth Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Grade: \_\_\_\_\_

Emergency Medical Information (allergies, conditions, etc.)  
\_\_\_\_\_

Address, road name, closest intersection or bus number and location of bus stop (if your child is already being transported by West Mifflin Area School District). Please note that each student is allowed only one bus stop assignment for pick-up and drop-off.

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

Transportation Desired: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

#### RETURN TO:

West Mifflin Area School District

81 Commonwealth Avenue

West Mifflin, PA 15122

ATTN: Meg Arbasak, Transportation

#### OR Email:

arbasakm@wmasd.org