

**SCHOOL YEAR 2017-18 SPRING-FORD AREA SCHOOL DISTRICT  
JOINT/SHARED CUSTODY TRANSPORTATION REQUEST FORM**

This Request form is to be used when transportation is a Joint/Shared Custody situation. That is, both parents living in separate households, living within the district and are living in the attending school boundary in which the student attends. Transportation is NOT provided to the parent living outside of the attending school boundary or district.

**Students: Kindergarten** must have one location for pick up and one location for drop-off.

**Students: Private School & Special Transportation** must have one location for pick up and one location for drop-off.

**Students: 1st-6<sup>th</sup> grades** must have a drop-off to one location only, but may have two custody household locations for pick up.

**Students: 7<sup>th</sup> – 12<sup>th</sup> grades** pickup and/or drop-off locations may be two different custody household locations with the understanding the student is solely responsible for boarding the correct bus. It also is understood neither the School District nor its employees will be held accountable in making sure the student boards the proper bus.

This request **EXPIRES** at the end of EACH school year. The form is to be submitted each year before the end of JULY. Submit this form to the attending school and allow seven days for processing. If submitted during the school year, the attending school will contact the parent with the start date and bus information once the request has been approved and the transportation is in order.

Student Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

**Family 1:**

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**Family 2:**

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**PICK UP STUDENT BUS STOP INFORMATION**

BEFORE SCHOOL PICK UP LOCATION

Home Address \_\_\_\_\_

BEFORE SCHOOL PICK UP LOCATION (if student will be using more than one household for busing)

Home Address \_\_\_\_\_

**GRADE K-6th - DROP OFF STUDENT BUS STOP INFORMATION**

AFTER SCHOOL DROP OFF LOCATION

Home Address \_\_\_\_\_

**GRADE 7<sup>th</sup> - 12th - DROP OFF STUDENT BUS STOP INFORMATION**

AFTER SCHOOL DROP OFF LOCATION

Home Address \_\_\_\_\_

AFTER SCHOOL DROP OFF LOCATION (if student will be using more than one household for busing)

Home Address \_\_\_\_\_

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**We agree and acknowledge the information on this form as correct.**

1. Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Family #1)

2. Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Family #2)