



ALTOONA AREA SCHOOL DISTRICT

PHONE (814) 946-8221
FAX (814) 505-1440

TRANSPORTATION REQUEST FORM

TRANSPORTATION DEPARTMENT

2021-2022 SCHOOL YEAR

1415 SIXTH AVENUE
ALTOONA, PA 16602

NEW REQUEST: _____ ADDRESS CHANGE: _____ ENROLLMENT DATE: _____

STUDENT NAME: _____

LAST

FIRST

MIDDLE

SCHOOL: _____ GRADE: _____ (21/22) School Year)

BIRTH DATE: _____ GENDER: _____

HOME ADDRESS: _____ APT/FL/ETC: _____

CITY: _____, PA ZIP: _____

PARENT/GUARDIAN INFORMATION

PRIMARY PHONE: _____

1) NAME: _____

RELATIONSHIP: _____

CELL PHONE: _____

WORK PHONE: _____

EMAIL: _____

2) NAME: _____

RELATIONSHIP: _____

CELL PHONE: _____

WORK PHONE: _____

EMAIL: _____

*Please note that if you list a student as residing with a guardian, you are verifying that you have documentation (court order, custody agreement, etc.) on file in your office for review, if requested.

PREVIOUS SCHOOL ATTENDED: _____

PERSON COMPLETING FORM: _____

(FOR INTERNAL USE ONLY) AASD ID #: _____