

# HUNTINGDON AREA SCHOOL DISTRICT

## Administrative Office



2400 Cassady Avenue, Suite 2, Huntingdon, PA 16652-2602  
(814) 643-4140 Fax (814) 643-6244



Phone

Jennifer Mitchell  
Superintendent

Timothy Snare  
Acting Student Services Director

Matthew R. Gibson  
Business Manager

### TRANSPORTATION REQUEST FORM

Address Change \_\_\_\_\_

Before/After School Care Change \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

Last

Middle

First

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

GENDER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION:

PRIMARY PHONE: \_\_\_\_\_

1) NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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

2) NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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

\*Please note that if you list a student as residing with a guardian, you are verifying that you have documentation on file in the office where your child attends.

PERSON COMPLETING FORM: \_\_\_\_\_

DATE: \_\_\_\_\_

