

Transportation Information

If you have questions, please call Transportation at 814-764-5111 ext. 314.

Please fill out a form completely and sign; students with SAME contact information may use same form. Elementary students must have at least two emergency contact numbers, please note: **primary grades MUST have adult present at the bus stop.**

Forms must return to the School Office: C-L Elementary or C-L High School

- faxed to: Elementary Office 814-764-5806 OR High School Office 814-764-5274
- mailed to: Clarion-Limestone Areas School District
4091 C-L School Rd,
Strattanville, PA 16258

If you move during the school year, please fill out a new Pupil Transportation Record form to change your child's bus stop. Please allow a minimum of three school days for a change to take effect, please self-transport until bus times confirmed. You will receive a phone call or email from the Transportation Department to confirming new busing arrangements.

Students may have only one AM and one PM stop. The AM and PM stops may be different but must be the same stop daily from Monday to Friday.

Video Cameras and Audio Recordings:

Please be aware that video cameras and audio recordings could be in use on your child's school transportation vehicle. Video and audio surveillance maybe used for training and/or corrective action and is not for public viewing.

Transportation can only be within Clarion-Limestone Area School District boundaries



Rev 5/2021

***Return completed form to School Office; it will be forward to Transportation Dept.**



Clarion-Limestone Pupil Transportation Record

Type of request: New Change, please state the reason _____
(ex. moved, home to sitter)

Grade _____ Birthdate _____ Gender _____
Student's Name (last-first-middle) ONLY list C-L siblings if same contact information:

Grade _____ Birthdate _____ Gender _____

Grade _____ Birthdate _____ Gender _____

Address _____ Mailing Address Same _____
Physical

Email _____

Relationship (Father, Mother, Legal Guardian)	Lives with? Yes No	Last Name	First Name	Phone	Place of Employment	Phone
	Yes No					
	Yes No					

Emergency Contact Information: *only if parent/guardian can't be reached*

Last Name	First Name	Relationship	Phone

Siblings: *not attending C-L*

Last Name	First Name	Grade	School Attends

Do you know the names of other students at or near your bus stop?

Name	School Attends	At or Near Your Stop? At ____ Near ____	Bus Number if known

Is there any severe conditions you would like to share with the bus driver regarding a severe allergy or medical condition your child has? _____

Please identify the location(s) as nearly as possible using township road numbers, names, or state road numbers:

Indicate the location where your student will be picked up and dropped off:

AM Pick Up Location _____ PM Drop Off Location _____

Student will not ride bus: AM PM

*Parent/Guardian Signature: _____ Date: _____
Signature required

**** INFORMATION WILL BE SHARED WITH BUS DRIVERS ****

Old bus _____	Time _____	For School Use Only _____	Start Date: _____
Bus #: _____	AM _____	_____	Stop Location _____
_____	PM _____	_____	Stop Location _____