Westinghouse Arts Academy Charter School 2021-2022 Charter School Parental Transportation

Request FormPlease complete this form if you wish to request transportation from your resident district AND your resident district is required to provide transportation. DO NOT complete this form if you plan to provide your own transportation.

We will submit this form to your district's transportation office. Please contact the district directly to determine if they have any other requirements. Your district may require you to register and provide proof of residency.

	School Attending Information			
School: Westinghouse Arts Acade	emy Charter School	Start Date	ə:	
School Address: 320 Marguerite	Avenue, Wilmerding, PA 15148			
School Phone: <u>412-646-1718</u>				
******	** PLEASE PRINT LEGIBLY	*******	*	
Student Name: Last:	First:	irst:Middle:		
Gender:	Date of Birth://Gr	rade:		
Home Address:		Phone:		
City/Zip:	Subdivision (if ap	plicable):		
Parent/Guardian Name 1:	F	Relationship	Phone	
Email:		Work Phone	e	
Parent/Guardian Name 2:	Re	elationship	Phone	
Email:		Work Phone		
Emergency Contact:	Re	elationship	Phone	
Transportation Requesting: Is this request for (check one): AM: PM: Both:			eded:	
Please contact the main office if your needs shoul ride the bus for three weeks consecut ively , the b				
Parent/Guardian Signature		Dat	te	