

**Westinghouse Arts Academy Charter School**  
**2021-2022 Charter School Parental Transportation**  
**Request Form**

Please 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.

<i>School Attending Information</i>	
School: <u>Westinghouse Arts Academy Charter School</u>	Start Date: _____
School Address: <u>320 Marguerite Avenue, Wilmerding, PA 15148</u>	
School Phone: <u>412-646-1718</u>	

\*\*\*\*\* PLEASE PRINT LEGIBLY \*\*\*\*\*

Student Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Subdivision (if applicable): \_\_\_\_\_

Parent/Guardian Name 1: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Transportation Requesting:

Is this request for (check one): AM:      PM:      Both:      No Transportation Needed:

Please contact the main office if your needs should change. Allow 3 business days for your transportation request to be processed. If your child does not ride the bus for three weeks consecutively, the bus stop will be eliminated from the route and a new transportation request form must be submitted.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date