Conewago Valley School District
Nonpublic Student Transportation Request Form

Complete a separate form for each student that transportation is being requested

School Year: **2026-2027**

School your student will attend: _____

STUDENT INFORMATION:

Last Name: _____

First Name: _____

Gender: (Please check): _____ Male _____ Female

Date of Birth: _____/_____/_____ Grade Level: _____

Residence Address: _____

City, State, Zip: _____

Health/Medical Concerns: _____

CONTACT INFORMATION:

Parent/Guardian Name: _____ Contact Number: _____

Email: _____

Parent/Guardian Name: _____ Contact Number: _____

Email: _____

Emergency Contact (Name & Phone Number) _____

TRANSPORTATION REQUESTED: please check

_____ AM & PM (Home Residence or sitter)

_____ AM ONLY

_____ PM ONLY

If you require transportation from an address other than your residence, please provide the address information below. The address must be within the Conewago Valley District boundaries.

_____

The submission deadline is June 30, 2026. Thank you for your cooperation and our department is available to answer any questions at 717-624-2157 ext 1010.To return the form to our department, email to kelleys@cvcolonials.org or send by mail to: Conewago Valley School District Transportation Department, 130 Berlin Rd, New Oxford, PA 17350.