

BERMUDIAN SPRINGS SCHOOL DISTRICT  
7335 Carlisle Pike, York Springs, PA 17372

**Request for Transportation**

**School Year 2026-2027**

Student Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School Attending: \_\_\_\_\_

School Address: \_\_\_\_\_

**Transportation Required** \_\_\_\_\_ **Transportation Not Required** \_\_\_\_\_

If transportation is required, please fill out the information below. List the addresses for AM PICK-UP and PM DROP-OFF. We will arrange transportation from only one address in the morning and one address in the afternoon.

AM Pick up location: \_\_\_\_\_

PM Drop off location: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*This form must be submitted to the Bermudian Springs School District for transportation to be provided.**

**Please return completed form to:**

Bermudian Springs School District  
Jennifer Heller, Assistant Business Manager  
7335 Carlisle Pike  
York Springs, PA 17372  
[jheller@bermudian.org](mailto:jheller@bermudian.org)  
Fax: 717-528-7981