



**EPHRATA AREA SCHOOL DISTRICT  
SPECIAL REQUEST  
TRANSPORTATION FORM  
2022-2023 School Year**

**ALL REQUESTS HAVE A STRICT 3 SCHOOL DAY PROCESSING TIME  
TIME BEGINS WHEN RECEIVED IN THE TRANSPORTATION OFFICE**

The Ephrata Area School District will automatically assign bussing for students according to their home address when residing outside of the designated walking boundaries. (Please see the Special Request Guidelines for walking boundary and other important information.)

**SUBMIT THIS FORM ONLY IF REQUESTING TRANSPORTATION TO OR FROM AN ADDRESS  
OTHER THAN THE STUDENT’S HOME ADDRESS ON A REGULAR BASIS**

Please complete a form for each student requiring **SPECIAL** transportation consideration.

Student’s Name: \_\_\_\_\_

Student’s Home Address: \_\_\_\_\_ City: \_\_\_\_\_ PA Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

**Pick-Up Information:**

I am requesting that this student be **picked up** at their: Home Address Alternate Address (i.e. Child Care provider, other parent)  
If requesting to be picked up at an alternate address, please complete below:

Name of Alternate Person/Day Care: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Alternate Address: \_\_\_\_\_ City: \_\_\_\_\_ PA Zip: \_\_\_\_\_

Phone Number of Alternate Person/Day Care: \_\_\_\_\_

**Days of week to be picked up at this requested address (please check all that apply):**

Monday Tuesday Wednesday Thursday Friday

**Drop-Off Information:**

I am requesting that this student be **dropped off** at their: Home Address Alternate Address (i.e. Child Care provider, other parent)  
If requesting to be dropped off at an alternate address, please complete below:

Name of Alternate Person/Day Care: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Alternate Address: \_\_\_\_\_ City: \_\_\_\_\_ PA Zip: \_\_\_\_\_

Phone Number of Alternate Person/Day Care: \_\_\_\_\_

**Days of week to be dropped off at this requested address (please check all that apply):**

Monday Tuesday Wednesday Thursday Friday

Desired Start Date: \_\_\_\_\_ Desired End Date: \_\_\_\_\_

By signing this form, I am giving the Ephrata Area School District permission to transport this student on a bus to/from the location(s) designated above. I also acknowledge that I have read and understand the Special Request Guidelines.



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

\_\_\_\_\_  
Date

Form to be submitted to:

**Transportation Office  
Ephrata Area School District  
803 Oak Blvd  
Ephrata, PA 17522**

Transportation Special Request Guidelines  
Based on Board Policy 810

1. The Ephrata Area School District will assign bussing for resident students within their neighborhood school attendance area when they are residing outside of the designated walking boundaries (see below). Transportation will NOT BE provided outside the student’s neighborhood school attendance area. (i.e. to a child care provider located in another school’s attendance area.)
2. Students are eligible for transportation if they reside outside of the designated walking areas described below:

School	Grades	Walking Boundary
Elementary and Intermediate	Kindergarten thru 6	1.25 miles
Middle School	Grades 7 and 8	1.5 miles
High School	Grades 9 thru 12	2 miles

3. Students who live **within the designated walking area** requesting transportation to an alternate address **within the student’s neighborhood school attendance area** may complete a Transportation Special Request Form for consideration. (i.e. the student would normally walk from their home address, but attends a day care within the attendance area.)
4. A Transportation Special Request Form must be completed and submitted in writing **ANNUALLY**, and must be **signed by a parent/guardian**.
  - Approved special requests are effective for **only the school year in which they are approved**. The student’s transportation arrangements will **automatically revert back to their designated bussing location based on their home address** to begin the following school year.
  - To ensure that the request is effective the first day of the school year, the Transportation Special Request Form must be received in the Transportation Office **by July 10** prior to the first day of the school year.
5. Requests made after the annual deadline, or by new enrollments throughout the school year, will become effective after adequate time has been given for consideration and approval. Sufficient time must also be allowed to permit the transportation office to properly notify parents/guardians, bus contractors, bus drivers, and the appropriate school office of the approved changes in the student’s bussing arrangements.
  - After the start of the school year, allow approximately three (3) school working days from the date of receipt of the completed Transportation Special Request Form.
6. Special transportation requests are subject to available seating capacity after eligible students residing within the neighborhood school attendance area have been assigned transportation.
7. Special transportation requests shall be available on a first come first served basis and preference will be given to kindergarten students.
8. Approved special transportation requests may be revoked when additional students move in or are assigned to the school attendance area. When transportation is revoked, it will be done in reverse order (last added first revoked). A minimum of a five (5) school day notice shall be provided.
9. The District CANNOT honor last minute changes to bus stops via phone calls or emails, and cannot issue daily bus passes.
10. Identify the pick-up location and drop-off location for each day of the week. Once established, this pattern becomes the **consistent weekly pattern**.

For example, if a pattern like the one shown below was chosen, this would be the pattern that must be followed every week.

*Example pattern:*

	Monday	Tuesday	Wednesday	Thursday	Friday
Pick Up	Bus Stop A	Bus Stop B	Bus Stop A	Bus Stop B	Bus Stop B
Drop Off	Bus Stop B	Bus Stop A	Bus Stop A	Bus Stop A	Bus Stop B