

# LEBANON TOWNSHIP SCHOOL DISTRICT

## Application for Student Transportation

**For Lebanon Township students currently receiving transportation:**  
Please complete the form and email or fax it to your attending school.

**VALLEY VIEW**

Attention: Susan Unkel  
Email: [sunkel@lebtwpk8.org](mailto:sunkel@lebtwpk8.org)  
Fax: 908-832-6280

**WOODGLEN**

Attention: Lori Adrian  
Email: [ladrian@lebtwpk8.org](mailto:ladrian@lebtwpk8.org)  
Fax: 908-638-8418

Please check request type:  Home address change  Stop Change  Daycare  Other

GENERAL INFORMATION		
Student's Last Name	Student's First Name	DOB:
Grade:	Gender:	Effective Date:
Street Address:	City:	Zip:
Mailing Address:	City:	Zip:
Parent/Guardian:	Home Phone:	Cell Phone:
		Work Phone:
Child Care (must be within district)		
Provider Name:	Home Phone:	Cell Phone:
Address:	City:	Zip:
<b>Pick up on the following day(s):</b>	<b>Drop off on the following day(s):</b>	
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	
Comments:		
Parent/Guardian Name:		
Print Name:	Signature:	Date:
Official Use Only		
LID:	Signature:	Date: