



TRANSPORTATION REQUEST FORM

Student's Name _____ Grade _____

Student's Weirton Address _____

ARRIVAL METHOD

DEPARTURE METHOD

Parent Drop Off _____

Parent/Gaurdian Pickup _____

School Bus _____

Walk Home _____

WCC Van (summer) _____

WCC Van _____

Pick up Location _____
(UNLESS NOTIFIED IN ADVANCE)

Drop off Location _____

Parent/Guardian Name (print) _____

Parent/Guardian Contact Numbers:

1. Main Phone _____ (For Emergency and One Call messages)
2. Phone _____ Mom _____ Dad _____ Guardian _____
3. Phone _____ Mom _____ Dad _____ Guardian _____

My child has my permission to ride with Weirton Christian Center staff and volunteers in WCC Vehicles, or staff person vehicles. I will not hold Weirton Christian Center, the driver or any personnel liable in the event of an accident. I understand that if my child must follow all rules to be transported.

Parent/Guardian Signature

Date

You must notify the Center when your child's Ridership status changes. Rides are subject to cancellation after five (5) consecutive school days of no ridership. If your child will be absent from the bus service for more than five (5) days and you'd like to keep their status active, please notify the office at 304-748-2353. Students must ride at least once every five (5) days in order to remain active.



FAX 304-748-3770

