



TRANSPORTATION REQUEST FORM (Grades K-12)

2022-2023

Transportation is based on mileage for Door to Door or Hub Stop service. Families will be notified of schedules by email prior to the first day of school. Charges will be added to your FACTS payment plan.

Student Full Name				Grade		
1.						
2.						
3.						
Select Program & Distance Distance: Home to RLCA	ONE-WAY Select AM or PM	TWO-WAY Select Distance		Second Child	Third Child	TOTAL
<u>Door to Door</u> <input type="checkbox"/> 1-5 Miles <input type="checkbox"/> 6-10 Miles <input type="checkbox"/> 11-20 Miles	<input type="checkbox"/> AM <i>or</i> <input type="checkbox"/> PM \$1,495 <input type="checkbox"/> AM <i>or</i> <input type="checkbox"/> PM \$1,695 <input type="checkbox"/> AM <i>or</i> <input type="checkbox"/> PM \$1,895	<input type="checkbox"/> \$2,195 <input type="checkbox"/> \$2,495 <input type="checkbox"/> \$2,895		\$600	\$600	
<u>Hub Stops (miles one-way)</u> <input type="checkbox"/> Wilm Rt. 141 (11 miles) <input type="checkbox"/> Claymont, DE (19 miles) <input type="checkbox"/> Townsend, DE (14 miles) <input type="checkbox"/> Northeast, MD (20 miles) <input type="checkbox"/> Pennsville, NJ (16 miles)	<input type="checkbox"/> AM <i>or</i> <input type="checkbox"/> PM \$1,500	<input type="checkbox"/> \$2,500		\$600	\$600	
Parent/Guardian Information						
Primary Contact Full Name						
Email Address				Cell Phone #		
PICK-UP (Door to Door Only)				DROP-OFF (Door to Door Only)		
Development				Development		
Street				Street		
City				City		
State		Zip Code		State		Zip Code

Financially Responsible Parent/Guardian Name [Please Print]: _____

Signature Parent/Guardian: _____ Date: _____

Director of Transportation Miles/Initials: _____ Finance: FACTS \$ _____ Date: _____