

REQUEST FOR TRANSPORTATION UNDER ACT 372

(Complete a separate form for each student needing bus transportation)

Name of Child _____ Birthdate ___/___/___ **Sept. 08**
Grade: _____

Address: _____

Bus Stop: _____

Name of Private School to be attended in September: _____

Name of Public School District in which child resides: _____

Mother Information

Father Information

Name (Please Print) _____

Home Telephone # _____

Work Telephone # _____

Cell Telephone # _____

Parent Signature _____

Emergency Contacts

Name (Please Print) _____

Telephone # _____

NOTE: If you plan on providing your own transportation for your child, but would like to be put on an "ON CALL" status (meaning you call us if you need us to transport), please check this box.