

REQUEST FOR TRANSPORTATION UNDER ACT 372

(Please complete a separate form for each child requiring bus transportation next school year.)

1. Child's Name: Birth date: Grade entering:

2. Address (if rural address, indicate specific location)

3. Public school district in which child resides:

4. Name of nonpublic school attending in September (next school year):

5. The above named child lives approximately _____ miles from the nonpublic school he/she will be attending.

6. If your child received public school district transportation last year, please indicate:

Bus number:

District:

Mother Information

Father Information

Name (please print):

Home phone:

Work phone:

Cell phone:

Parent(s) Signature:

Date:

Emergency Contact Names & Phone Numbers (other than parents):

Name: _____ Phone: _____ Cell:

Name: _____ Phone: _____ Cell:

Name: _____ Phone: _____ Cell: