

# REQUEST FOR TRANSPORTATION UNDER ACT 372

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

School Year \_\_\_\_\_

Name of Child \_\_\_\_\_ Birthdate \_ / \_ / \_ Grade \_\_\_\_\_

Address \_\_\_\_\_

I  Do  Do not request transportation at this time  
(Please check one)

Bus stop (if known) \_\_\_\_\_

Name of Private School to be attended in September \_\_\_\_\_

Name of Public School District in which child resides \_\_\_\_\_

The above child lives approximately \_\_\_\_\_ miles from the Private School to be attended next school year. If child received Public School District transportation last year, please indicate the Bus # and bus STOP.

Bus # \_\_\_\_\_ STOP \_\_\_\_\_

## Mother Information

## Father Information

Name (Please Print) \_\_\_\_\_

\_\_\_\_\_

Home Telephone # \_\_\_\_\_

\_\_\_\_\_

Work Telephone # \_\_\_\_\_

\_\_\_\_\_

Cell Telephone # \_\_\_\_\_

\_\_\_\_\_

Parent Signature(s) \_\_\_\_\_

\_\_\_\_\_

## Emergency Contacts

Name (Please Print) \_\_\_\_\_

\_\_\_\_\_

Telephone # \_\_\_\_\_

\_\_\_\_\_