

ACT 372 TRANSPORTATION REQUEST FOR NON PUBLIC SCHOOL

All students requiring bus transportation to and from their private school, must complete and submit the Act 372 form, to the TESD Transportation Department. Please mark one choice for AM and one choice for PM. The transfer locations are to be utilized only if your school of choice is not a school with direct busing. *If needed, please indicate the transfer location you will be utilizing for drop off and pick up, Church of the Savior or Tredyffrin/Easttown Middle School.*

Note: Kindergarten students only receive ONE WAY transportation and should be marked accordingly.

<u>Students Names</u>	<u>Grade</u>	<u>School Attending</u>	<u>AM</u> Neighborhood STOP to Transfer/School	<u>AM</u> Parent Drop Off at Transfer	<u>AM</u> Car Driver or Rider	<u>PM</u> Transfer to Neighborhood Stop/School	<u>PM</u> Parent Pick up at Transfer	<u>PM</u> Car Driver or Rider

ADDRESS: _____

HOME # _____ **CELL #** _____ **WORK #** _____

EMERGENCY CONTACT: _____ **PHONE #** _____

EMAIL ADDRESS: _____

Please return completed form to: T/E School District or Email to: Transport@tesd.net
 Transportation Department
 940 W. Valley Rd, Suite 1700
 Wayne, PA 19087 or Fax to: 610-240-1699

You are automatically enrolled in the T/E All-Call. This is an automated emergency phone notification system, which communicates emergency closings, late openings, early dismissals and any unscheduled closing or emergency situation that may happen during the school day through automated phone calls, text messages and email. To opt out please initial here _____.

PARENT SIGNATURE: _____

PRINT NAME: _____

NOTE: In order to provide a safe environment for students, school personnel, and contracted personnel, vehicles may be equipped with video/audio monitoring devices.

Non Public Student Medical Concerns

Dear Parent/Guardian:

Many students we transport to and from school have medical concerns that the District and drivers may not be aware of. We encourage you to share any information (ie, allergies, asthma, seizures, etc.) that would be needed to ensure your children's safety while being transported. Submitting this information is optional. **All information will be kept confidential** and distributed only to those drivers or aides who have a **Need to Know**. If you have any additional questions or concerns, please do not hesitate to contact the T/E transportation department at 610-240-1680. Thank you.

Student Name: _____

School Attending: _____

Emergency Contact Information:

Name: _____

Phone Number(s) _____

Medical Concern/s: _____
