

PHOENIXVILLE AREA SCHOOL DISTRICT

“REQUEST FOR TRANSPORTATION UNDER ACT 372 “

Complete this form **for each child requiring transportation**. Your child will not be scheduled for transportation if a completed form is not submitted to the Phoenixville Transportation Department.

Child’s Name _____

Child’s Address _____

Name of Non-Public School Attending _____

School Year _____ Grade in Sept. _____ DOB _____

Check what busing you will need _____ AM only _____ PM only _____ Both AM/PM

Mother’s Information

Father’s Information

Name (Please Print) _____

Home Phone # _____

Work Phone # _____

Cell Phone # _____

Email address _____

Emergency Contact Names & Phone #'s (other than parents)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Parent Signature _____

Date _____

Please complete this form to ensure proper transportation. This document is to be returned to the Phoenixville Area School District’s Transportation Department, no later than May 1, 2020. If you have any questions, please contact Transportation Department, 484-927-5026, transportation@pasd.com

Phoenixville Area School District

Transportation Department

386 City Line Ave.

Phoenixville, PA 19460