



PHOENIXVILLE AREA SCHOOL DISTRICT

“REQUEST FOR TRANSPORTATION UNDER ACT 372 “
\*This form must be completed regardless of transportation needs.

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 Bus Needs: [ ] AM ONLY [ ] PM ONLY [ ] BOTH AM/PM

- Race:
o American Indian or Alaskan Native
o Asian
o Black or African American
o Native Hawaiian or Other Pacific Islander
o White/Non-Hispanic

Mother/Father/Guardian #1

Mother/Father/Guardian #2

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

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_

\_\_\_\_\_

Work Phone # \_\_\_\_\_

\_\_\_\_\_

Cell Phone # \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_

\_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/Medical Issues/Concerns related to transportation: \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

- Please complete this form to ensure proper transportation for the start of the new school year. This document is to be returned to the Phoenixville Area School District's Transportation Department, no later than July 1st. If not received by that date, transportation cannot be guaranteed by the start of school.
If this form is being completed for a new student who resides in the Phoenixville Area School District, return this form and 2 proofs of residency (i.e., PECO bill, signed rent receipt, mortgage statement, water/trash bill) to transportation@pasd.com.