



**PERKIOMEN VALLEY SCHOOL DISTRICT**

3 Iron Bridge Drive, Collegeville, PA 19426  
Dr. Barbara Russell, Superintendent  
Phone: 610-489-8506 Fax: 610-489-2974  
www.pvsd.org

**ANNUAL REQUEST FOR TRANSPORTATION TO PRIVATE, CHARTER,  
OR NONPUBLIC SCHOOL {ACT 372}**

Please complete this form to ensure the proper transportation for the upcoming school year. The Perkiomen Valley School District requires proof of residence showing the address of residency. Examples are lease agreement, agreement of sale, real estate tax bill, or current utility bill. This request **EXPIRES** at the end of each school year.

The form is to be completed each year before the end of JULY so transportation will be set for the start of school. Submit this form to the attending school or to the Perkiomen Valley School District Office, located at 3 Iron Bridge Drive, Collegeville. If submitted during the school year, the attending school will contact the parent with the start date and bus information once the request has been approved and the transportation is in order.

Use this form for **50/50 shared custody** requests, please provide a copy of the Court Order and if needed, a calendar showing days for pick up and drop off at each parents address. Transportation is NOT provided to a parent living outside of the district.

**STUDENT(s) INFORMATION:**

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Non-Public/Private School to transport to: \_\_\_\_\_

Are you receiving transportation from any other school or district? If so, please describe: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

*Our Mission*

*The mission of the Perkiomen Valley School District is to provide a rich academic and cultural learning environment that maximizes available resources to assure that all students grow intellectually, socially, and emotionally, attaining the skills necessary to become successful citizens.*



STUDENT TRANSPORTATION OF AMERICA

100 RAHNS ROAD  
COLLEGEVILLE, PA 19426  
PHONE: (610)489-9110  
E-MAIL: [kstover@ridesta.com](mailto:kstover@ridesta.com)

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR THE 2021-2022 SCHOOL YEAR.

PLEASE ATTACH YOUR 2021-2022 STUDENT ENROLLMENTS FOR THE PERKIOMEN VALLEY SCHOOL DISTRICT, AS WELL AS A COPY OF YOUR SCHOOL CALENDAR. THANK YOU IN ADVANCE.

NAME OF SCHOOL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 EMERGENCY # \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_  
 SCHOOL DISTRICT YOUR SCHOOL IS LOCATED IN: \_\_\_\_\_  
 ADMINISTRATOR IN CHARGE: \_\_\_\_\_  
 GRADE LEVELS ATTENDING: \_\_\_\_\_  
 SCHOOL START DATE: \_\_\_\_\_ SCHOOL ENDING DATE: \_\_\_\_\_  
 ARRIVAL TIME FOR STUDENTS: EARLIEST \_\_\_\_\_ START TIME \_\_\_\_\_  
 DISMISSAL TIME FOR STUDENTS: EARLIEST \_\_\_\_\_ END TIME \_\_\_\_\_  
 KINDERGARTEN SESSIONS: We do request that you have all PERKIOMEN VALLEY students for kindergarten in one session. It does not matter if it is morning or afternoon, but we would like one or the other.  
 KINDERGARTEN START TIME: \_\_\_\_\_ KINDERGARTEN END TIME: \_\_\_\_\_

PLEASE RETURN THIS FORM NO LATER THAN JULY 12, 2021 TO:  
STUDENT TRANSPORTATION OF AMERICA  
100 RAHNS ROAD  
COLLEGEVILLE, PA 19426  
Attn: Kathi Stover

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SUMMER CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

NOTE: Perkiomen Valley School District will honor **seven** early dismissal days for the upcoming year. Please make your selection below or we will honor the first seven as they appear on your school calendar.

- 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_
- 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_

Thank you,  
*Kathi Stover*  
*Routing Specialist for Private and Special Need Schools*