

Great Valley School District Busing

Student Name	School	AM Bus	PM Bus	No Bus
_____	_____	___	___	___
_____	_____	___	___	___
_____	_____	___	___	___

Parent email: _____

Please take a minute to let us know your child/children's transportation needs for the upcoming school year.

If we do not hear from you, we will assume that no transportation is required.

If a stop is not used for two consecutive weeks, it will automatically be removed from the bus route.

Please email this form to: transportation@gvsd.org