

**OWEN J. ROBERTS SCHOOL DISTRICT**

**“REQUEST FOR TRANSPORTATION UNDER ACT 372 “**

Complete a separate form for **each child** requiring transportation. Your child will not be scheduled for transportation if a completed form is not submitted to the Owen J. Roberts Transportation Department.

Student's Name \_\_\_\_\_

Student's Address \_\_\_\_\_

**Name of Non-Public School Attending** \_\_\_\_\_

School Year \_\_\_\_\_ Grade in Sept. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Check what busing you will need: AM only \_\_\_\_\_ PM only \_\_\_\_\_ Both AM/PM \_\_\_\_\_

**Mother's Information**

**Father's Information**

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

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

Date \_\_\_\_\_

**This form is to be completed and returned to the Owen J. Roberts School District's Transportation Department, no later than June 30<sup>th</sup> or transportation cannot be guaranteed by the start of school. Any questions please E-mail [OJRTransportation@ojrds.net](mailto:OJRTransportation@ojrds.net) or call 610-469-5187 or 610-469-5254.**

Please return your form/forms to [OJRTransportation@ojrds.net](mailto:OJRTransportation@ojrds.net) or you may mail it to:

Owen J. Roberts School District

Transportation Department

901 Ridge Rd.

Pottstown, PA 19465