



Easton Area School District

DEPARTMENT OF TRANSPORTATION 1243 TATAMY ROAD
EASTON, PA 18045-8865 (610) 250-2563

REQUEST FOR TRANSPORTATION UNDER ACT 372

(Please complete a separate form for each child needing transportation)

PLEASE PRINT

NAME OF CHILD: _____

AGE OF CHILD: _____

GRADE CHILD IS ENTERING: _____

ADDRESS: _____

Transportation requested for AM _____ PM _____ BOTH _____

NO transportation requested at this time _____ (please initial)

If requesting transportation, please complete the following information:

Intersection for Bus Stop

School Student will be attending:

District in which student resides:

SIGNATURE: _____ DATE: _____