

**REQUEST FOR TRANSPORTATION UNDER ACT 372**  
**Non-Public School Students**  
**2024/2025 School Year**

*(Please complete a separate form for each student requiring bus transportation)*

<b>Student Name:</b> _____	
<b>Birthdate:</b> _____	<b>Grade:</b> _____
<b>Name of Non-Public School:</b> _____	
<b>Address of Non-Public School:</b> _____	
<input type="checkbox"/> <u>Change of Home Address</u>	
<b>Student's Home Address:</b> _____	
_____	
<b>Guardian Information:</b>	
<b>Guardian #1</b> Name: _____	
Home Phone: _____	Cell Phone: _____ Work Phone: _____
<b>Guardian #2</b> Name: _____	
Home Phone: _____	Cell Phone: _____ Work Phone: _____
<b>Transportation Requested:</b> _____ YES _____ NO _____ Emergency Only	
<b>Daily Transportation Requested:</b> _____ AM only _____ PM only _____ AM & PM	
<b>Emergency Contacts: (Other than Parent/Guardian)</b>	
Name: _____	Phone #: _____
Name: _____	Phone #: _____
_____	_____
<b>Parent(s) Signature</b>	<b>Date</b>
<b>Signature of Principal/Head of Non-Public School:</b> _____	