Daniel Boone Area School District
501 Chestnut Street
Birdsboro, PA 19508
610-582-6140

# REQUEST FOR TRANSPORTATION UNDER ACT 372
# NON-PUBLIC SCHOOL STUDENTS

*(Please complete a separate form for each student attending a Non-Public School)*

## Student Information:

Student Name: _____

Birthdate: _____ Grade: _____ School Year: 25-26

Student's Home Address: _____

## Non-Public School Information:

Name of Non-Public School: St. Catharine of Siena

Address of Non-Public School: 2330 Perkiomen Avenue Reading PA 19606

## Parent/Guardian Information:

Parent/Guardian #1:

Name: _____

Home Phone: _____ Work Phone: _____ Email: _____

Parent/Guardian #2:

Name: _____

Home Phone: _____ Work Phone: _____ Email: _____

## Select One:

◉ Student will drive or will be parent transport to and from the non-public school.

○ Daily Transportation Requested: ○ AM only ○ PM only ○ AM & PM

Pick-up Address: _____

Drop-off Address: _____

## Emergency Contacts: (Other than Parent/Guardian)

Name: _____ Phone: _____

Name: _____ Phone: _____

*Parent(s) Signature*: _____ *Date* _____

**To Be Completed by Principal/Head of Non-Public School:**

Name: _____ Phone: _____

Signature: _____ Date: _____