



Oley Valley School District  
**Request for Transportation Under Act 372**  
 Transportation for Non-Public School Students

Oley Valley School District  
 Transportation Department  
 Phone: 610-987-4100 ext. 6063

**A separate form for EACH student must be received by the OVSD Transportation Office by July 31<sup>st</sup> or transportation cannot be guaranteed by the start of school. Requests must be renewed annually.**

Full Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Status:  New to Transportation  Received Transportation Previously  Change  Withdrawal

Gender:  F  M

Student's Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

School Year: \_\_\_\_\_ Grade Student is Attending: \_\_\_\_\_

Transportation Requested:  Both AM & PM  AM Only  PM Only  Decline All Transportation

**Parent/Guardian 1**  
*(First Contact Attempt)*

**Parent/Guardian 2**  
*(Second Contact Attempt)*

**Emergency Contact**

	<b>Parent/Guardian 1</b> <i>(First Contact Attempt)</i>	<b>Parent/Guardian 2</b> <i>(Second Contact Attempt)</i>	<b>Emergency Contact</b>
Name			
Home Phone			
Cell Phone			
Work Phone			
Email			
Student Lives With	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Relationship to Student:		

Does student have allergies or disabilities that you would like our transportation department to be aware of?

\_\_\_\_\_

I acknowledge that for a student to receive transportation services as a resident of this district, the student(s) and parent/guardian must maintain permanent residence within the district boundaries. I understand that legal procedures can and will be taken against me by district officials if it is discovered that I have falsified this or any document contained in registration related paperwork.

If it is determined that a student is not a resident, and following notification of due process rights, the student(s) shall no longer receive transportation, effective immediately. It is my responsibility to notify the District immediately of any change in my residency.

Through my signature below, I acknowledge that the information provided on this form is accurate and factual. If necessary, the Oley Valley School District may investigate the accuracy of this information.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_