WYOMISSING AREA SCHOOL DISTRICT

REQUEST FOR TRANSPORTATION UNDER ACT 372

(Complete a separate form for <u>each child</u> in need of transportation)

Date: _____

Name of Student: _____ Birth Date: _____

Home Address: _____

Name of Non-Public School: _____

School Year Attending: _____ Grade: _____

Name of Public School District which this child resides: _____

Do you request transportation from Wyomissing Area School District: Yes _____ No _____
Check what is needed: A.M. (pick up) _____ P.M. (drop off) _____

If this child received transportation last year from the Wyomissing Area School District, please indicate bus or van number: _____ Bus stop (if known): _____

	<u>Mother's Contact Information</u>	**<u>Father's Contact Information</u>**
Name	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Work Phone	_____	_____

Please send two proofs of residency with this document if you are a *<u>new family to the district</u>* or an *<u>existing family who has a change of address at any time throughout the current school year.</u>*

*Accepted forms of proof of residency: agreement of sale to purchase a home, rental lease agreement, utility bill (electric, cable, phone), change of address verification from post office.