

REQUEST FOR TRANSPORTATION UNDER ACT 372

This request is for those requesting transportation to a private school or charter school

Pottsgrove School District

TRANSPORTATION OFFICE

CMD SERVICES, INC.

902 FARMINGTON AVE.

POTTSTOWN, PA 19464

PHONE: 610-323-5020

FAX: 610-323-2143

This Must Be Submitted Annually by July 1

Any requests after July 1 will take up to 4 days to schedule

Parents: Please complete the form and return to our office immediately if you will need bus transportation for your child. Your child will not be scheduled for transportation if a completed form is not submitted to the District Transportation Office.

Child's Name(s): _____

Child's Address: _____

School District of Residence: _____

Name of Non-Public School Attending: _____

School Year: _____ Grade(s) in Sept. _____ DOB: _____

Parents' Names: _____

Home Phone Number: _____ Emergency Phone Number: _____

Email Address: _____

If your child received transportation from Pottsgrove School District in previous years, please indicate the bus stop:

Check what busing you will need: _____ AM only _____ PM only _____ BOTH AM and PM

Parent's Signature: _____ Date: _____