

**SPRING-FORD AREA SCHOOL DISTRICT**  
**ANNUAL Request for Transportation to a**  
**Non-Public or Charter School/ACT 372**  
**CURRENT SCHOOL YEAR 2025-26**

- **Must be completed and submitted to the SFSD Transportation Dept each school year by July 25th to secure transportation for the start of the upcoming school year.**
- **Email the form to: [Bussing@Spring-Ford.net](mailto:Bussing@Spring-Ford.net)**

**If your child/children will be or are attending a Non Public or Charter School and you are a new resident, have a first time kindergarten student, or have moved within the Spring-Ford School District you must contact our Transportation Department to request a registration packet. Transportation cannot begin their process until the registration packet has been fully completed and returned for review.**

**If you are an established resident whose student is returning to a Non-Public or Charter school and you have had no changes to your residence, please complete the Act 372 and submit by the above date to receive transportation at the start of the new school year.**

**Please remember arrangements are for every school day during the current school year. Requests which are occasional rather than regular or involve only a portion of a week will not be approved. Alternate arrangements for any reason are the responsibility of the parents. Students are to ride **ONLY** their assigned bus and **ONLY** use their assigned designated bus stop.**

- Requesting **Morning and Afternoon** Transportation
- Requesting **Morning ONLY** Transportation
- Requesting **Afternoon ONLY** Transportation
- Requesting **NO Transportation**

REQUESTED START DATE: \_\_\_\_\_ END DATE: **LAST DAY OF SCHOOL**

NAME OF **SCHOOL** STUDENT WILL ATTEND: \_\_\_\_\_

GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:** **Only Legal Parents or Guardians can be listed.**

PARENT/GUARDIAN #1: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT/GUARDIAN #2: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Thank you for your cooperation.

Karen Henry, Transportation Coordinator  
610-705-6226  
E-Mail: [khenr@spring-ford.net](mailto:khenr@spring-ford.net)  
Mail to, Attn: Transportation Dept.  
Address: SPRING-FORD AREA SCHOOL DISTRICT, 857 S. Lewis Rd, Royersford, PA 19468

Transportation Office Support  
610-705-6229  
[bussing@spring-ford.net](mailto:bussing@spring-ford.net)