PHOENIXVILLE AREA SCHOOL DISTRICT

"REQUEST FOR TRANSPORTATION UNDER ACT 372 "

This form must be completed regardless of transportation needs.
Complete one form for each child.

Child's Name _____Gender_____

Child's Address _____

Name of Non-Public School Attending _____

School Year_____Grade in Sept._____DOB _____

Race:
o American Indian or Alaskan Native
o Asian
o Black or African American
o Native Hawaiian or Other Pacific Islander
o White/Non-Hispanic

Check Bus Needs: ☐ AM ONLY ☐ PM ONLY ☐ BOTH AM/PM

	(circle one) Mother/Father/Guardian 1	(circle one) Mother/Father/Guardian 2
Name (Please Print)		
Address		
Home Phone #		
Work Phone #		
Cell Phone #		
Email address		

Emergency Contact Names & Phone #'s (other than parents)

Name:_____Relationship:_____Phone: _____

Name:_____Relationship:_____Phone: _____

Allergies/Medical Issues/Concerns related to transportation: _____

Parent Signature_____ Date _____

- Please complete this form to ensure proper transportation for the start of the new school year. This document is to be returned to the Phoenixville Area School District's Transportation Department, no later than July 1st. If not received by that date, transportation cannot be guaranteed by the start of school.
- If this form is being completed for a new student who moved into the Phoenixville Area School District, return this form and 2 proofs of residency (i.e., PECO bill, signed rent receipt, mortgage statement, water/trash bill) to transportation@pasd.com.

Kindergarten students need to complete this form and provide 2 proofs of residency.