Coatesville Area School District

Request for Transportation under **Act 372**
Transportation for Non-Public Students

Transportation Department
Phone: 610-466-2400
schoolbus@casdschools.org

This form must be received by the CASD Transportation Office by June 26, 2026, or transportation cannot be guaranteed by the start of school. Requests must be renewed annually.

Student Information

Enrollment Status: ☐ New Enrollment ☐ Returning Start Date: _____

Student Last Name: _____ Student First Name: _____

School of Attendance: _____ Grade: _____

Student's Date of Birth: _____ Gender: ☐ Female ☐ Male ☐ Other

Student's Physical Street Address: _____

City: _____ Zip Code: _____

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

Parent/Guardian Information

Primary Parent/Guardian Name: _____ Primary Phone Number: _____

Primary Email Address: _____

Secondary Parent/Guardian Name: _____ Secondary Phone Number: _____

Secondary Email Address: _____

Emergency Contact Information

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

Emergency Contact Email: _____ Relationship to Student: _____

Does the 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 and parent/guardian must maintain a 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 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 in accurate and factual. If necessary, the Coatesville Area School District may investigate the accuracy of this information.

Parent/Guardian Signature: _____ Date: _____