SPRING-FORD AREA SCHOOL DISTRICT TRANSPORTATION DEPARTMENT

2026-2027 School year

SFASD Joint or Shared Custody Transportation Request

This form is to be used when transportation is a Joint/Shared Custody situation when both parents are living in separate households within the district and are living in the attending school boundary in which the student attends. Transportation is NOT provided to a parent living outside of the attending school boundary or the Spring-Ford Area School District.

- Private School & Special Transportation must have one location for pick up and one location for drop-off.
- Kindergarten must have one location for pick up and one location for drop-off.
- Grades 1-6: students must have a drop-off to one location only but may have two custody household locations for pick up.
- Grades 7-12: student pickup and/or drop-off locations may be two different custody household locations with the understanding the student is solely responsible for boarding the correct bus. It also is understood neither the School District nor its employees will be held accountable in making sure the student boards the proper bus.

Submit this form each year before the end of July for the next school year. Submit this form to the attending school or email to: bussing@spring-ford.net and allow seven days for processing. If submitted during the school year, the attending school will contact the parent with the start date and bus information once approved and transportation is scheduled.

Student Name: _____ Start Date: _____

School Attending: _____ Grade: _____

Family 1

Parent Name: _____

Home Phone: _____ Work Phone: _____

Family 1 Address:_____

Family 2

Parent Name: _____

Home Phone: _____ Work Phone: _____

Family 1 Address:_____

Mail to: SFASD Transportation, 857 South Lewis Road, Royersford, PA 19460

Email to: bussing@spring-ford.net or Call: Transportation Office Support at 610-705-6229

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Pick Up Student Bus Stop Information

Before School Pickup Location

Home Address: _____

Before School Pick Up Location: if a student will be using more than one household for bussing

Home Address: _____

Grade K-6 Drop Off Student Bus Stop Information

After School Drop Off Location

Home Address: _____

Grade 7-12 Drop Off Student Bus Stop Information

After School Drop Off Location

Home Address: _____

Before School Pick Up Location: if a student will be using more than one household for bussing

Home Address: _____

Parent Signature

We agree and acknowledge the information on this form as correct.

Family 1 Parent/Guardian Signature: _____ Date: _____

Family 1 Parent/Guardian Signature: _____ Date: _____

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