Kutztown Area School District

REQUEST FOR TRANSPORTATION UNDER ACT 372

School Year 2026 - 2027

Complete a separate form for each child in need of transportation and submit to tjacoby@kasd.org

DATE: _____

STUDENT NAME: _____ **DATE OF BIRTH:** _____

HOME ADDRESS: _____

NAME OF NON PUBLIC SCHOOL: _____

GRADE: _____ **ANTICIPATED START**

DATE:_____**TRANSPORTATION REQUESTED (check one):**

A.M. only ____ **P.M. only** ____ **Both AM & PM** _____

Mother/Guardian Contact Information	**Father/Guardian Contact Information**
Name _____	**Name** _____
Address_____	**Address**_____
_____	_____
Primary Phone _____	**Primary Phone**_____
Work Phone _____	**Work**
Phone_____	
Email Address_____	**Email Address**_____

Please send two proofs of residency with this document if you are a *new family to the district* or an *existing family who has a change of address at any time throughout the current school year.*

*Accepted forms of proof of residency: agreement of sale to purchase a home, rental lease agreement, utility bill (electric, cable, phone), change of address verification from post office.