

**DOWNTOWN AREA SCHOOL DISTRICT**

**“REQUEST FOR TRANSPORTATION UNDER ACT 372 “**

Complete this form for **each child** requiring transportation. Your child will not be scheduled for transportation if a completed form is not submitted to the DASD Transportation Department.

Child's Name \_\_\_\_\_

Child's Address \_\_\_\_\_

Name of Non-Public School Attending \_\_\_\_\_

School Year \_\_\_\_\_ Grade in Sept. \_\_\_\_\_ DOB \_\_\_\_\_

Check what busing you will need \_\_\_\_\_ AM only \_\_\_\_\_ PM only \_\_\_\_\_ Both AM/PM

**Parent / Guardian #1 Information**

**Parent / Guardian #2 Information**

Name (Please Print) \_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_

\_\_\_\_\_

Work Phone # \_\_\_\_\_

\_\_\_\_\_

Cell Phone # \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_

\_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Please complete this form to ensure proper transportation. This document is to be returned to the DASD Transportation Department, no later than July 1<sup>st</sup> or transportation cannot be guaranteed by the start of school. Any questions please call 610-269-8460 /6120. Fax #855-329-3273.

E-mail – Schoolbus@dasd.org

DASD

Transportation Department

540 Trestle Place

Downingtown, PA 19335