

**PHOENIXVILLE 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 Phoenixville 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

**Mother’s Information**

**Father’s 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 Phoenixville Area School District’s Transportation Department, no later than May 1, 2020. If you have any questions, please contact Transportation Department, 484-927-5026, [transportation@pasd.com](mailto:transportation@pasd.com)

Phoenixville Area School District

Transportation Department

386 City Line Ave.

Phoenixville, PA 19460