



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 _____

Race:

☐ American Indian or Alaskan

☐ Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other

☐ Pacific Islander

☐ White/Non-Hispanic

Check what busing you will need _____ AM only _____ PM only _____ Both AM/PM

Mother/Father/Guardian #1

Mother/Father/Guardian #2

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: _____

Allergies/Medical Issues/Concerns related to transportation: _____

Parent Signature _____

Date _____

- Please complete this form to ensure proper transportation for the start of the new school year. This document is to be returned to the Phoenixville Area School District's Transportation Department, no later than July 1st. If not received by that date, transportation cannot be guaranteed by the start of school.
- If this form is being completed for a new student who resides in the Phoenixville Area School District, return this form and 2 proofs of residency (i.e., PECO bill, signed rent receipt, mortgage statement, water/trash bill) to transportation@pasd.com.

***This form must be completed regardless of transportation needs.**