**REQUEST FOR TRANSPORTATION UNDER ACT 372**

**Non-Public School Students**

(Please complete a separate form for each student requiring bus transportation.)

|  |  |
| --- | --- |
| Student Name: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Birthdate: |  |  | Grade: |  |

|  |  |
| --- | --- |
| Name of Non-Public School: |  |

|  |  |
| --- | --- |
| Students Home Address: |  |
|  |  |

**Guardian Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Guardian #1 Name: |  |  | Email: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home Phone: |  | Cell Phone: |  | Work Phone |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Guardian #2 Name: |  |  | Email: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home Phone: |  | Cell Phone: |  | Work Phone |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Transportation Requested: |  |  | Yes |  |  | No |  |  | Emergency Only |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Daily Transportation Requested: |  |  | AM Only |  |  | PM Only |  |  | AM & PM |

**Emergency Contacts: (Other than Parent/Guardian)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Phone #: |  |
|  |  |  |  |  |
| Name: |  |  | Phone #: |  |

|  |  |  |
| --- | --- | --- |
| Parent(s) Signature |  | Date: |

|  |  |
| --- | --- |
| Signature of Principal/Head of Non-Public School: |  |