



**PHOENIXVILLE AREA SCHOOL DISTRICT**

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

**This form must be completed regardless of transportation needs.  
Complete one form for each child.**

Child’s Name \_\_\_\_\_ Gender \_\_\_\_\_

- Race:
- American Indian or Alaskan Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White/Non-Hispanic

Child’s Address \_\_\_\_\_

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

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

Check Bus Needs:  AM ONLY  PM ONLY  BOTH AM/PM

**(circle one) Mother/Father/Guardian 1**

**(circle one) Mother/Father/Guardian 2**

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

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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 moved into 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](mailto:transportation@pasd.com).**  
**Kindergarten students need to complete this form and provide 2 proofs of residency.**