

POTTSGROVE SCHOOL DISTRICT

TRANSPORTATION OFFICE
CMD SERVICES, INC.
902 FARMINGTON AVE.
POTTSTOWN, PA 19464
PHONE 610-323-5020
FAX 610-323-2143
cldbrian@gmail.com

This Must Be Submitted Annually by July 1

Any requests after July 1 will take up to 4 days to schedule.

REQUEST FOR TRANSPORTATION UNDER ACT 372

Parents: Please fill in form and return to our office **immediately** if you will need bus transportation for your child. Your child will not be scheduled for transportation if a completed form is not submitted to the District Transportation Office.

Child's Name (s) _____

Child's Address _____

School District of Residence _____

Name of Non-Public School Attending _____

School Year _____ Grade (s) in Sept. _____ DOB _____

Parents' Names _____

Home Phone Number _____ Emergency Phone Number _____

Email address _____

If child received transportation from this School District in previous years, please indicate the bus stop. _____

Check what busing you will need. _____ AM only _____ PM only _____ Both AM and PM

Parent's Signature _____ Date _____