

POTTSGROVE SCHOOL DISTRICT

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

REQUEST FOR TRANSPORTATION UNDER ACT 372

Parents: Please fill in the form and return it 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 for schedules and updates: _____.

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 _____.