

SPRING-FORD AREA SCHOOL DISTRICT
ANNUAL Request for Transportation to a
Non-Public or Charter School/ACT 372
CURRENT SCHOOL YEAR 2026-27

- **Must be completed and submitted to the SFSD Transportation Dept each school year by July 25th to secure transportation for the start of the upcoming school year.**
- **Email the form to: Bussing@Spring-Ford.net**

If your child/children will be or are attending a Non Public or Charter School and you are a new resident, have a first time kindergarten student, or have moved within the Spring-Ford School District you must contact our Transportation Department to request a registration packet. Transportation cannot begin their process until the registration packet has been fully completed and returned for review.

If you are an established resident whose student is returning to a Non-Public or Charter school and you have had no changes to your residence, please complete the Act 372 and submit by the above date to receive transportation at the start of the new school year.

Please remember arrangements are for every school day during the current school year. Requests which are occasional rather than regular or involve only a portion of a week will not be approved. Alternate arrangements for any reason are the responsibility of the parents. Students are to ride **ONLY their assigned bus and **ONLY** use their assigned designated bus stop.**

Requesting **Morning and Afternoon** Transportation
 Requesting **Morning ONLY** Transportation
 Requesting **Afternoon ONLY** Transportation
 Requesting **NO** Transportation

REQUESTED START DATE: _____ END DATE: **LAST DAY OF SCHOOL**

NAME OF **SCHOOL** STUDENT WILL ATTEND: _____

GRADE: _____ DATE OF BIRTH: _____ HOME PHONE: _____

STUDENT NAME: _____

ADDRESS: _____

PARENT/GUARDIAN INFORMATION: Only **Legal** Parents or Guardians can be listed.

PARENT/GUARDIAN #1: _____ CELL: _____ WORK: _____

EMAIL: _____

PARENT/GUARDIAN #2: _____ CELL: _____ WORK: _____

EMAIL: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Thank you for your cooperation.

Karen Henry, Transportation Coordinator
610-705-6226
E-Mail: khenr@spring-ford.net
Mail to, Attn: Transportation Dept.
Address: SPRING-FORD AREA SCHOOL DISTRICT, 857 S. Lewis Rd, Royersford, PA 19468

Transportation Office Support
610-705-6229
bussing@spring-ford.net

**Spring-Ford Area School District
Private School Transportation Request Process**

Thank you for reaching out to us regarding your need for **Private School Transportation**. Please complete the attached private school registration forms, and provide the following required documentation in **PDF's**. **Please do not provide pictures of the documentation.**

- **Driver's License** for Photo Identification only
- **Students' Birth Certificate**
- **Proof of Residence:** Deed/Signed Settlement Statement or Fully Executed Signed Lease Agreement

Please be sure to provide all the pages to the deed / all pages to the signed settlement statement or fully executed signed lease agreement. Any requests submitted without signatures or with only the first or last page of the deed / signed settlement statement or fully executed signed lease agreement will not be accepted.

- **Current Utility Bill:** PECO, American Water, Aqua, Xfinity, Verizon...

Note: Please be sure to fill in all sections of the forms. The **Hispanic / Latino Ethnicity** and **Federal Race** sections are legally required and must be filled in.

- **Hispanic / Latino Ethnicity Options:** Yes or No
- **Federal Race Options:** American Indian or Alaska Native, Asian, Black / African American, Native Hawaiian / other Pacific Islander, or White.

Once you have all the paperwork completed, please email the completed paperwork in **PDF's** to (bussing@spring-ford.net) for review and approval.

Should you have any further questions, please feel free to email me or contact me at 610-705-6226

Thank you.
Karen Henry
Transportation Coordinator



SPRING-FORD AREA SCHOOL DISTRICT - PRIVATE SCHOOL REGISTRATION FORM

FOR OFFICE USE ONLY			
Enrollment Date:	Student No. _____	Grade _____	
<i>Building:</i>			
Curriculum:	1 – Regular Ed _____	2 – District Special Ed _____	3 – Intermediate Unit _____
	4 – Regular Ed _____	5 – District Special Ed _____	6 – Intermediate Unit _____
Residence:	District Resident _____	1302 _____	1305 _____
		1306 _____	8 – Special Ed Vo-Tech _____
Last Name:	First Name:	Middle Name:	
Birthdate:	Gender:	Hispanic or Latino Ethnicity:	Federal Race:
Street Address:	Apartment/Floor:		
City:	State:	Zip Code	
Mailing Address (if different than Street Address):			
Primary Phone Number:	Type:	Landline	Cell
Home Phone Number:	Type:	Landline	Cell
School Attending:	Address:	Previous Grade Completed:	
Child's Primary Residence is with:			
Parent/Guardian:	Parent/Guardian:		
Relationship to Student:	Relationship to Student:		
Telephone Number	Type:	Telephone Number:	Type:
E-mail Address:	E-mail Address:		

Parent/Guardian Signature: _____ **Date:** _____

SPRING-FORD AREA SCHOOL DISTRICT

- PRIVATE SCHOOL STUDENT INFORMATION FORM

Please print all information clearly

Student's Name:					
Home Phone Number:					
Name Used if Other Than Legal Name:		Birthdate:			
Language Spoken at Home:		Date of Residency in PA:			
City and State of Birth:		County of Birth:			
Country of Birth:		Date of Entry into United States (if applicable):			
Type of Residence: Owned Rented If rented, owner's name:		County of Residence:			
Are there custody papers which limit the child from being picked up at school by the Non-Custodial Parent: If yes, please furnish a copy of custody papers.					
If child was placed in your custody by an agency, please provide the following:					
Name of agency: _____					
Address: _____					
PLEASE LIST ANY ADDITIONAL INDIVIDUALS RESIDING IN YOUR HOME WHO ARE NOT LISTED					
Last Name, First Name	Sex	Grade	School	Birthdate	Employer

PARENT/GUARDIAN INFORMATION:	
Natural Father	Name: _____ Birthdate: _____ Address: _____ Gender: _____ City, State, Zip Code: _____ Place of Employment: _____ Work Phone Number: _____ Highest Educational Level: _____ Cell Phone Number: _____ MARITAL STATUS: Single Married Divorced Separated Widowed E-mail Address: _____
Natural Mother	Name: _____ Birthdate: _____ Address: _____ Gender: _____ City, State, Zip Code: _____ Place of Employment: _____ Work Phone Number: _____ Highest Educational Level: _____ Cell Phone Number: _____ MARITAL STATUS: Single Married Divorced Separated Widowed E-mail Address: _____
Step or Guardian	Name: _____ Birthdate: _____ Address: _____ Gender: _____ City, State, Zip Code: _____ Place of Employment: _____ Work Phone Number: _____ Highest Educational Level: _____ Cell Phone Number: _____ MARITAL STATUS: Single Married Divorced Separated Widowed E-mail Address: _____
Step or Guardian	Name: _____ Birthdate: _____ Address: _____ Gender: _____ City, State, Zip Code: _____ Place of Employment: _____ Work Phone Number: _____ Highest Educational Level: _____ Cell Phone Number: _____ MARITAL STATUS: Single Married Divorced Separated Widowed E-mail Address: _____

Parent/Guardian Signature: _____

Date: _____