

**REQUEST FOR TRANSPORTATION UNDER ACT 372
Non-Public School Students
2024/2025 School Year**

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

Student Name: _____

Birthdate: _____ **Grade:** _____

Name of Non-Public School: _____

Address of Non-Public School: _____

Change of Home Address

Student's Home Address: _____

Guardian Information:

Guardian #1 Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Guardian #2 Name: _____

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: _____