

REQUEST FOR TRANSPORTATION UNDER ACT 372
(Complete a separate form for each student needing bus transportation)

Name of Child _____ Birthdate ___ / ___ / ___ Year _____
Grade: _____

Address: _____

Bus Stop(if known): _____

Name of Private School : _____

Mother Information

Father Information

Name (Please Print)		
Home Telephone #		
Cell Telephone #		
E-Mail (print clearly)		

Emergency Contacts

Name (Please Print)		
Telephone #		

Days Transport is needed: Monday AM ___ PM ___
Tuesday AM ___ PM ___
Wednesday AM ___ PM ___
Thursday AM ___ PM ___
Friday AM ___ PM ___

NOTE: If you plan on providing your own transportation for your child, but would like to be put on an "ON CALL" status (meaning you call us if you need us to transport), please check this box.

Parent Signature _____ Date _____

*Please return to your school office or to:
Saucon Valley School District
Transportation Office
2097 Polk Valley Rd
Hellertown, PA 18055*