

ACT 372 Transportation Form

(Complete a separate form for each child needing transportation next school year and return it to school)

Student's Name: _____
First Middle Initial Last Grade Entering

Address: _____
Street City State Zip

Child's Date of Birth: ____/____/____ Home Telephone #: ____ - ____ - ____

Father's Name: _____ Work Number: ____ - ____ - ____

Cell Number: ____ - ____ - ____

Mother's Name: _____ Work Number: ____ - ____ - ____

Cell Number: ____ - ____ - ____

Parent's Email: _____

Emergency Contact: _____
(other than yourself) Name & Relationship to Student Phone Number

If rural address, indicate specific location:

Name of Public School District in which child resides: _____

Check what is needed: ____ AM Pick Up ____ PM Drop Off

What school district did you receive transportation from last year: _____

Name of Non-Public School to be attended: **THE KING'S ACADEMY**

The above child lives approximately ____ miles from the Non-Public School to be attended next year.

Parent's/Guardian Signature Date

***Please send two (2) proofs of residency with this document. Examples of accepted forms of proof of residency: agreement of sale to purchase a home, rental lease agreement, utility bills, or change of address verification from post office.**



Wilson School District

REQUEST FOR TRANSPORTATION UNDER ACT 372

(Complete a separate form for each child)

Name of Child _____ Date of Birth _____

Home Address _____

Name of Non-Public School _____

School Year _____ Grade Entering _____

Public School District of Residence _____

Male or Female _____

Please Indicate (A or B):

A. Student will drive or will be parent transport to and from school _____

B. Transportation is required (please circle one): AM only PM only AM & PM

Indicate which day(s) transportation is required:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Mother/Guardian Information

Father/Guardian Information

Name (please print): _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Parent(s) Signature: _____

Date: _____

- This document is to be submitted to the Wilson School District Transportation at the below address **no later than July 1**, or transportation cannot be guaranteed by the start of school.
- If you child is transferring to a non-public school, or if you are new to our District, provide us with two proofs of residence as outlined on that form
- Transportation Department Phone: 610-670-0180, ext 1232 / FAX: 484-334-6436



FLEETWOOD AREA SCHOOL DISTRICT

BUSINESS OFFICE • 801 N. Richmond Street, Fleetwood, PA 19522-1031

REQUEST FOR PUBLIC TRANSPORTATION UNDER ACT 372

Dear Parents,

According to Pennsylvania Law, nonpublic school children are entitled to transportation to nonpublic schools as follows:

1. A district which provides transportation for resident public school students must also make identical provisions for the transportation of resident nonpublic students.
2. Transportation for nonpublic school students must be provided to and from the nonpublic school in which the student is enrolled, even if the nonpublic school is located outside the district so long as the distances is not more than 10 miles beyond the district boundaries. Note: This distance may be in excess of 10 miles from the student's home.
3. A district may transport children who live along hazardous routes even though the children live within walking distance of the school.

If you think your child(ren) is/are eligible for transportation, we ask you to complete the remainder of this form and return it to the school immediately. If there is more than one student in your family attending the school, we must have a separate form for each student. This must be done every year that your child attends the nonpublic school.

PLEASE COMPLETE ONE FORM FOR EACH STUDENT

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Race: _____ Grade: _____

Student Home Address: _____

Name of Non-Public School: *Kings Academy*

School Year: *2019-2020*

Transportation Requested: ☐ Both AM & PM ☐ AM Only ☐ PM Only ☐ Decline All Transportation

Parent/Guardian 1
(First Contact Attempt)

Parent/Guardian 2
(Second Contact Attempt)

Emergency Contact

	Parent/Guardian 1 (First Contact Attempt)	Parent/Guardian 2 (Second Contact Attempt)	Emergency Contact
Name			
Home Phone			
Cell Phone			
Work Phone			
Email			
Student Lives With	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Student			

I acknowledge that for a student to receive transportation services as a resident of this district, the student(s) and parent/guardian must maintain permanent residence within the district boundaries. It is my responsibility to notify the District immediately of any change in my residency. If it is determined that a student is not a resident, the student(s) shall no longer receive transportation. Through my signature below, I acknowledge that the information provided on this form is accurate and factual.

Parent/Guardian Signature: _____ Date: _____



Kutztown Area School District

REQUEST FOR TRANSPORTATION UNDER ACT 372

(Complete a separate form for each child in need of transportation)

Date: _____

Name of Student: _____

Birth Date: _____

Home Address: _____

Name of Non-Public School: _____

School Year Attending: _____

Grade: _____

Name of Public School District which this child resides: _____

Do you request transportation from Kutztown Area School District: Yes _____ No _____

Check what is needed: A.M. (pick up) _____ P.M. (drop off) _____

If this child received transportation last year from the Kutztown Area School District, please

indicate bus or van number: _____ Bus stop (if known): _____

Mother's Contact Information

Father's Contact Information

Name _____

Home Phone _____

Cell Phone _____

Work Phone _____

Please send two proofs of residency AND the KASD Census Enumeration Information Form with this document if you are a new family to the district or an existing family who has a change of address at any time throughout the current school year.

*Accepted forms of proof of residency: agreement of sale to purchase a home, rental lease agreement, utility bill (electric, cable, phone), change of address verification from post office.

