

School Year___

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REQUEST FOR TRANSPORTATION UNDER ACT 372

Please complete this form to ensure proper transportation for the upcoming school year. A separate form for each child must be completed annually for continued transportation services for all non-public school students. Once this form is completed, return to our office by Tuesday, August 1, 2023. Your child will not be scheduled for transportation if a completed form is not submitted to the Derry Township School District Transportation Office.

	Effectiv	re Date:
(Please Print)		
Name of student:		Date of Birth:
Address:		Grade entering:
		Male or Female
Non-Public/Priva	te School attending:	
Parent Name: _	Parent/Guardian 1 Information	Parent/Guardian 2 Information
Home Phone: _		
Call Diagram		
Email Address: _		
	rest transportation at this time. Student v	vill drive or is parent transport to/from school. VI □ Both
Parent's signatur	e:	Date:
Emergency conta	act names and phone numbers (other tha	an parents/guardians):
Name:	Phone:	Cell:
Name:	Phone:	Cell: