



Derry Township School District
Transportation Department
717-566-7422

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 2, 2024. Your child will not be scheduled for transportation if a completed form is not submitted to the Derry Township School District Transportation Office.

Effective Date: _____

(Please Print)

Name of student: _____ Date of Birth: _____

Address: _____ Grade entering: _____

_____ Male or Female _____

Non-Public/Private School attending: _____

(Please Print)

Parent/Guardian 1 Information

Parent/Guardian 2 Information

Parent Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

I DO NOT request transportation at this time. Student will drive or is parent transport to/from school.

I DO request transportation at this time. AM PM Both

Parent's signature: _____ Date: _____

Emergency contact names and phone numbers (other than parents/guardians):

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____