

**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*