

OWEN J. ROBERTS SCHOOL DISTRICT

“REQUEST FOR TRANSPORTATION UNDER ACT 372 “

Complete this form **for each child requiring transportation**. Your child will not be scheduled for transportation if a completed form is not submitted to the Owen J. Roberts Transportation Department.

Child’s Name _____

Child’s Address _____

Name of Non-Public School Attending _____

School Year _____ Grade in Sept. _____ DOB _____

Check what busing you will need _____ AM only _____ PM only _____ Both AM/PM

Mother’s Information

Father’s Information

Name (Please Print) _____

Cell Phone # _____

Home Phone # _____

Work Phone # _____

Email address _____

Emergency Contact Names & Phone #'s (other than parents)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Parent Signature _____

Date _____

Please complete this form to ensure proper transportation. This document is to be returned to the Owen J. Roberts School District’s Transportation Department, no later than July 1st or transportation cannot be guaranteed by the start of school. Any questions please E-mail OJRTransportation@ojrsd.net

Please return your complete form to OJRTransportation@ojrsd.net or fax your form to #610-469-2782.

Owen J. Roberts School District

Transportation Department

901 Ridge Rd.

Pottstown, PA 19465