

POTTSTOWN SCHOOL DISTRICT
Transportation Department
ATTN: Lisa Schade, Transportation Director
230 Beech Street
Pottstown, PA 19464

Date: _____

Request for Transportation under Act 372

Name of Student: _____ Birth date: _____

Address: (If rural, indicate specific location and nearest intersection)

Name and address of school, as well as start and end times, to which transportation is being requested:

Grade student will be attending at the start of the school year: _____

Full Day Kindergarten Only _____

The above named student lives approximately _____ miles from the school to be attended during the _____ school year.

School and grade attended last year: _____

Signed: _____
(Parent or Guardian)

Address: _____

City: _____ Zip Code: _____

Telephone: _____

THIS REQUEST MUST BE RENEWED EACH SCHOOL YEAR

The Request for Transportation Under Act 372 form must be completed and sent by **July 1** directly to the school district where your child resides. Address is at the top of this form.