

REQUEST FOR TRANSPORTATION UNDER ACT 372
(Complete a separate form for each child.)

1. Name of Child _____ Birth Date _____

2. Home Address _____
P.O. Box (if applies) _____

3. Name of Non-Public School _____ Grade _____

4. School Year Attending _____

5. The above named child lives approximately ____ miles from their attending school.

6. Name of Public School District in which this child resides _____

7. If this child received transportation last year from the Boyertown Area
School District; please indicate Bus or Van Number _____.

Date: _____ Signed _____
(Parent or Guardian)

Parent or Guardian-(Print) _____

Home Phone _____ Cell _____

Do you need Boyertown Busing? Yes _____ No _____

Check what is needed: A.M. (pick up) _____ P.M. (drop off) _____

Home Bus Stop _____ (A.M. – P.M.)
(If Applicable)

Child Care Bus Stop _____ (A.M. – P.M.)

If child care is needed, you must fill out a Deviation Form. This form is available at the
Transportation Office.

Please fill out this form completely to ensure the proper transportation for upcoming
school year. This document is to be returned to the Boyertown Area School District, at
the below address, no later than July 1st, or transportation cannot be guaranteed by the
start of school. **Please send proof of residency with this document.** Any questions
please call 610-473-3473 / Fax 610-369-7496

BOYERTOWN AREA SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
1131 MONTGOMERY AVE.
BOYERTOWN, PA 19512