

**Great Valley School District Busing**

<b>Student Name</b>	<b>School</b>	<b>AM Bus</b>	<b>PM Bus</b>	<b>No Bus</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent email: \_\_\_\_\_

**Please take a minute to let us know your child/children’s transportation needs for the upcoming school year.**

**If we do not hear from you, we will assume that no transportation is required.**

**If a stop is not used for two consecutive weeks, it will automatically be removed from the bus route.**

**Please email this form to: [transportation@gvdsd.org](mailto:transportation@gvdsd.org)**