

**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 1<sup>st</sup> or transportation cannot be guaranteed by the start of school. Any questions please E-mail [OJRTransportation@ojrsd.net](mailto:OJRTransportation@ojrsd.net)

Please return your completed form to [OJRTransportation@ojrsd.net](mailto:OJRTransportation@ojrsd.net) or you may mail it to:

Owen J. Roberts School District

Transportation Department

901 Ridge Rd.

Pottstown, PA 19465