

**SPRING-FORD AREA SCHOOL DISTRICT**  
**Annual Request for Transportation to a**  
**Non Public School or Charter under Act 372**

School Year: **2021-22**

- **MUST BE COMPLETED AND SUBMITTED TO THE SPRING-FORD DISTRICT OFFICE/TRANSPORTATION BY JULY 6th** TO SECURE TRANSPORTATION FOR THE START OF THE SCHOOL YEAR.

**If your child/children will be or are attending a Non Public or Charter School and you are a new resident, have a first time kindergarten student, or have moved within the Spring-Ford School District you must contact our Central Registrar, Noelia Castillo, at 610-705-6120 or ncast@spring-ford.net. Transportation cannot begin their process until the registration has been completed by the registrar. Please bring this form with you when you meet with the registrar.**

**If you are an established resident whose student is returning to a Non Public or Charter school and you have had no changes to your residence, you must complete this form and submit by the above date to receive transportation at the start of the new school year.**

**Please remember arrangements are for every school day during the current school year. Morning transportation can be a different location from the Afternoon location. Requests which are occasional rather than regular or involve only a portion of a week will not be approved. Alternate arrangements for any reason are the responsibility of the parents. Students are to ride **ONLY** their assigned bus and **ONLY** use their assigned designated bus stop.**

- Requesting **Morning and Afternoon** Transportation
- Requesting **Morning ONLY** Transportation
- Requesting **Afternoon ONLY** Transportation
- Requesting **NO** Transportation

REQUESTED START DATE: \_\_\_\_\_ END DATE: **LAST DAY OF SCHOOL**

NAME OF **SCHOOL** STUDENT WILL ATTEND: \_\_\_\_\_

GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION**

FATHER: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

MOTHER: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Thank you for your cooperation.

Lora Sanderson / Transportation Coordinator  
610-705-6226 E-Mail: [Lsand@spring-ford.net](mailto:Lsand@spring-ford.net)  
Mail Address: SPRING-FORD SCHOOL DISTRICT, 857 S. Lewis Rd, Royersford, PA 19468

Vanessa Puco / Transportation Office Support  
610-705-6229 E-Mail: [Vpuco@spring-ford.net](mailto:Vpuco@spring-ford.net)  
Attn: Transportation Dept.