Boyertown Area School District

Transportation Department 1131 Montgomery Avenue Boyertown, PA 19512

REQUEST FOR TRANSPORTATION UNDER ACT 372

(Complete a separate form for each child)

Name of Child	Birth	Birth Date	
School Year	Grade	-	
Public School District of Resider	nce		
-	tion from BASD last year, please indicat	·	
Signed:	Date:	Date:	
(Parent/Guardian)			
Print Name of Parent/Guardian	1		
Home Phone:	Cell:		
Email address:			
Check what busing is needed:	AM (pick-up)	PM (drop-off)	

- ❖ If child care is needed, you must fill out a Request for Transportation Deviation form. This form is available on the Transportation Department page of our website: http://www.boyertownasd.org.
- ❖ This document is to be submitted to the Boyertown Area School District Transportation Department at the above address *no later than July 1*, or transportation cannot be guaranteed by the start of school.
- ❖ If your child is transferring to a non-public school, or if you are new to our District, please also sign the Non-Public Residence Verification form and provide us with two proofs of residence as outlined on that form.
- ❖ Transportation Department Phone: 610-473-3473 / FAX: 610-369-7496.