**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 1st or transportation cannot be guaranteed by the start of school. Any questions please E-mail OJRTransportation@ojrsd.net

Please return your completed form to OJRTransportation@ojrsd.net or you may mail it to:

Owen J. Roberts School District

Transportation Department

901 Ridge Rd.

Pottstown, PA 19465