

OWEN J. ROBERTS SCHOOL DISTRICT

“REQUEST FOR TRANSPORTATION UNDER ACT 372 “

Complete a separate 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.

Student’s Name _____

Student’s Address _____

Name of Non-Public School Attending _____

School Year _____ Grade in Sept. _____ Date of Birth _____

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 _____

This form is to be completed and returned to the Owen J. Roberts School District’s Transportation Department, **no later than June 30th or transportation cannot be guaranteed by the start of school. Any questions please E-mail OJRTransportation@ojrsd.net or call 610-469-5187 or 610-469-5254.**

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

Owen J. Roberts School District

Transportation Department

901 Ridge Rd.

Pottstown, PA 19465