Coatesville Area School District
Request for Transportation Under Act 372
Transportation for Non-Public School Students

Coatesville Area School District
Transportation Department
Phone: 610-466-2400
schoolbus@casdschools.org

This form must be received by the Transportation Office by June 15th, 2020 or transportation cannot be guaranteed by the start of school. Requests must be renewed annually.

Full Name of Student: _____ Date of Birth: _____

Student Status: ❒ New to Transportation ❒ Received Transportation Previously ❒ Change ❒ Withdrawal

Gender: ❒ F ❒ M

Student's Home Address: _____

Mailing Address: _____

Name of Non-Public School: _____

School Year: _____ Grade Student is Attending: _____

Transportation Requested: ❒ Both AM & PM ❒ AM Only ❒ PM Only ❒ Decline All Transportation

	Parent/Guardian 1 *(First Contact Attempt)*	**Parent/Guardian 2** *(Second Contact Attempt)*	**Emergency Contact**
Name			
Home Phone			
Cell Phone			
Work Phone			
Email			
Student Lives With	❒ Yes ❒ No	❒ Yes ❒ No	❒ Yes ❒ No
		Relationship to Student:	

Does student have allergies or disabilities that you would like our transportation department to be aware of?

_____

I acknowledge that for a student to receive transportation services as a resident of this district, the student(s) and parent/guardian must maintain permanent residence within the district boundaries. I understand that legal procedures can and will be taken against me by district officials if it is discovered that I have falsified this or any document contained in registration related paperwork.

If it is determined that a student is not a resident, and following notification of due process rights, the student(s) shall no longer receive transportation, effective immediately. It is my responsibility to notify the District immediately of any change in my residency.

Through my signature below, I acknowledge that the information provided on this form is accurate and factual. If necessary, the Coatesville Area School District may investigate the accuracy of this information.

Parent/Guardian Signature: _____ Date: _____