



**REQUEST FOR TRANSPORTATION UNDER ACT 372**  
(PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD NEEDING BUS TRANSPORTATION)

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_(2022/2023)

Address: \_\_\_\_\_

I **do** request transportation at this time: \_\_\_\_\_

I **do not** request transportation at this time: \_\_\_\_\_

**If requesting bus transportation, please complete the following information:**

Bus Stop: (If known) \_\_\_\_\_

Name of School: Arts Academy Charter Middle School

Name of public school district in which child resides: \_\_\_\_\_

If child received public school transportation last year, please indicate the bus number and district.

Bus # \_\_\_\_\_ District: \_\_\_\_\_

**Mother's Information**

**Father's Information**

Name (Please Print) \_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_

\_\_\_\_\_

Work Phone # \_\_\_\_\_

\_\_\_\_\_

Cell Phone # \_\_\_\_\_

\_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Names & Phone #'s (other than parents):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Administration Only**

Home School District Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Verify Miles from School: \_\_\_\_\_ Address Verification: \_\_\_\_\_ Date: \_\_\_\_\_