



Daniel Boone Area School District
501 Chestnut Street
Birdsboro, PA 19508
610-582-6140

**REQUEST FOR TRANSPORTATION UNDER ACT 372
NON-PUBLIC SCHOOL STUDENTS**

(Please complete a separate form for each student attending a Non-Public School)

Student Information:

Student Name: _____

Birthdate: _____ Grade: _____ School Year: _____

Student's Home Address: _____

Non-Public School Information:

Name of Non-Public School: _____

Address of Non-Public School: _____

Parent/Guardian Information:

Parent/Guardian #1:

Name: _____

Home Phone: _____ Work Phone: _____ Email: _____

Parent/Guardian #2:

Name: _____

Home Phone: _____ Work Phone: _____ Email: _____

Select One:

c Student will drive or will be parent transport to and from the non-public school.

c Daily Transportation Requested: AM only PM only AM & PM

Pick-up Address: _____

Drop-off Address: _____

Emergency Contacts: (Other than Parent/Guardian)

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent(s) Signature: _____ Date: _____

To Be Completed by Principal/Head of Non-Public School:

Name: _____ Phone: _____

Signature: _____ Date: _____