

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

Date: _____

Name of Child: _____ Birth date ___/___/___ Grade: _____ (2026-2027 SY)

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 Academy

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: _____