



CENTENNIAL SCHOOL DISTRICT

Transportation Department

REQUEST FOR TRANSPORTATION UNDER ACT 372 Non-Public School Students

(Please complete a separate form for each student requiring bus transportation.)

Student Name: _____

Birthdate: _____ Grade: _____

Name of Non-Public School: _____

Students Home Address: _____

Guardian Information:

Guardian #1 Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Guardian #2 Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Transportation Requested: _____ Yes _____ No _____ Emergency Only

Daily Transportation Requested: _____ AM Only _____ PM Only _____ AM & PM

Emergency Contacts: (Other than Parent/Guardian)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Parent(s) Signature

Date:

Signature of Principal/Head of Non-Public School: _____

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