

**OXFORD AREA SCHOOL DISTRICT
ACT 372 REQUEST FOR TRANSPORTATION – PRIVATE SCHOOL
24-25 SCHOOL YEAR**

Private School: _____

Student Name: _____ Grade: _____

Home Address: _____

Parent/Guardian Name: _____ Phone: _____

All students requiring transportation to and from a Private School **must complete and submit this Act 372 form.**
Failure to submit a form will result in removal from the bus roster.

Request for Transportation
Transportation TO School:
_____ Assign stop closest to home address
_____ Assign stop closest to the following address for child care:
Address: _____
Name of Care Giver/Daycare: _____
Phone: _____
Transportation FROM School:
_____ Assign stop closest to home address
_____ Assign stop closest to the following address for child care:
Address: _____
Name of Care Giver/Daycare: _____
Phone: _____

Parent/Guardian Signature: _____ Date: _____

Please allow ten (10) days to process request.

Office Use Only:

Bus # _____ Stop _____ Time _____ am

Bus # _____ Stop _____ Time _____ pm