



PHOENIXVILLE AREA SCHOOL DISTRICT

DISTRICT ADMINISTRATION OFFICE
386 CITY LINE AVENUE
PHOENIXVILLE, PA 19460
484-927-5000
FAX 610-933-3189
BUSINESS OFFICE FAX
610-933-3707

TRANSPORTATION REGISTRATION FORM

School Year _____ **Date** _____

Last Name _____ First Name _____ Middle Name _____

Date of Birth ____/____/____ Gender (Circle): Male Female

Home Address: _____ City: _____ State: ____ Zip: _____

Mailing Address _____ Home Phone Number: _____

BUS NEEDS (Circle): Inbound(AM) Outbound(PM) **Parent Transportation (Circle):** Inbound(AM) Outbound(PM)

LOCATION (Circle): To or From Home or To or From Daycare (name of daycare _____)

School Attending _____

GRADE: (Circle One) Early Intervention, Kindergarten, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12

Mother: (Dr. Mrs. Ms.) _____

Father: (Dr. Mr.) _____

Guardian: (Dr. Mrs. Ms.) _____

Guardian: (Dr. Mr.) _____

Birth Date: ____/____/____

Birth Date: ____/____/____

Marital Status: Married Single Divorced Widowed

Marital Status: Married Single Divorced Widowed

Employer: _____

Employer: _____

Occupation _____

Occupation _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Home Phone: _____

Home Phone: _____

Email _____

Email _____

Address: **enter only if address differs from student*

Address: **enter only if address differs from student*

City: _____ State: ____ Zip: _____

City: _____ State: ____ Zip: _____

Allergies/Medical Issues/Concerns related to transportation _____

Emergency Contact (in case parents cannot be reached):

Name _____ Phone _____ Relationship _____

**Please complete and return this form, with proof of residency (i.e. PECO bill, Rent Receipt) to:
nattles@pasd.com or Fax 610-933-3189**

Form must be completed regardless of transportation needs.