



# AVON GROVE SCHOOL DISTRICT STUDENT TRANSPORTATION REGISTRATION FORM

Complete a separate form for each student.

Please check all that apply:

**2023- 2024**

  

New Student

Updated Request for 2022-23 SY

  

Change of Address (within AGSD)

Previous School Attended \_\_\_\_\_

School: \_\_\_\_\_ School Year: \_\_\_\_\_

Student First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M F Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Residence Address: House # and Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Type of Busing Requested:  AM ONLY  PM ONLY  AM & PM  No Transportation, will contact the school if transportation services are required.

Email Address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_