



AVON GROVE SCHOOL DISTRICT STUDENT TRANSPORTATION REGISTRATION FORM

Complete a separate form for each student.

Please check all that apply:

2021 - 2022

New Student

Updated Request for 2021-22 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: _____