



AVON GROVE SCHOOL DISTRICT STUDENT TRANSPORTATION REGISTRATION FORM

Complete a separate form for each student.

2024-2025

Please check all that apply:

New Student
Updated Request for 2023-24

Change of Address
I require alternative transportation due to
childcare arrangements

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: _____

Today's date: _____