



Montrose Area School District

Act 372 Request for Transportation for Non-Public Students

JoAnne McCain, Transportation Director
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This form must be received by the MASD Transportation Office by April 1st or transportation cannot be guaranteed by the start of school. Requests must be renewed annually.

Student Information

Enrollment Status: ☐ New Enrollment ☐ Returning Start Date: _____

Student Last Name: _____ Student First Name: _____

School of Attendance: _____ Grade: _____

Gender: ☐ Female ☐ Male

Student's Physical Street Address: _____

City: _____ Zip Code: _____

Transportation Requested: ☐ Both AM & PM ☐ AM Only ☐ PM Only

Parent/Guardian Information

Primary Parent/Guardian Name: _____ Primary Phone Number: _____

Primary Email Address: _____

Secondary Parent/Guardian Name: _____ Secondary Phone Number: _____

Secondary Email Address: _____

Please be advised that if the MASD has a closure, delay, or early dismissal due to inclement weather, this includes all our transportation. If you would like to be contacted when any of these events occur please submit a technology request at <https://montrose.zendesk.com/>.

Emergency Contact Information

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

Does the student have allergies or disabilities that you would like our transportation department to be aware of?

I acknowledge that for a student to receive transportation services as a resident of this district, the student and parent/guardian must maintain a permanent residence within the district boundaries. It is my responsibility to notify the district immediately of any change in my residency.

If it is determined that a student is not a resident, and following notification of due process rights, the student shall no longer receive transportation, effective immediately.

Through my signature below, I acknowledge that the information provided on this form is accurate and factual.

Parent/Guardian Signature: _____

Date: _____