



# MID VALLEY SCHOOL DISTRICT

Administration Office, 52 Underwood Road, Throop, PA 18512

Phone (570) 307-2250 Fax (570) 307-1107

[www.mvsd.us](http://www.mvsd.us)

## **NON-PUBLIC/PRIVATE REQUEST FOR TRANSPORTATION (ACT 372)**

### **2024-2025 SCHOOL YEAR**

*(Complete a separate form for each child needing bus transportation for the next school year.)*

Name of Child: \_\_\_\_\_

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

\_\_\_\_\_

Grade Child will enter in Aug/Sept: \_\_\_\_\_

Name and Address of Parochial/Private School:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian's Phone Number

#### Student requires transportation:

- To School Only
- From School Only
- Both To & From School

NON-PUBLIC/PRIVATE SCHOOL PUPILS RESIDING IN THE MID VALLEY SCHOOL DISTRICT  
MUST APPLY FOR TRANSPORTATION FOR THE 2024-2025 SCHOOL YEAR: NO STUDENT  
WILL BE ALLOWED TRANSPORTATION UNTIL THIS APPLICATION IS COMPLETED AND  
RETURNED TO THE MID VALLEY SCHOOL DISTRICT.

#### **RETURN FORMS TO:**

**MID VALLEY SCHOOL DISTRICT  
ATTN: TOM NOWAKOWSKI  
52 UNDERWOOD ROAD  
THROOP, PA 18512**

**EMAIL: [nowakowskit@mvsd.us](mailto:nowakowskit@mvsd.us)**

**MID VALLEY SCHOOL DISTRICT**  
*REQUEST FOR*  
*PRIVATE/PAROCHIAL SCHOOL TRANSPORTATION*  
**REQUIRED CONTACT INFORMATION**

**STUDENT**

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Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

**PARENT/GUARDIAN**

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Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACT**

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Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**SCHOOL OR PROGRAM THE STUDENT ATTENDS**

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Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Contact: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_