



**SPRING GROVE AREA SCHOOL DISTRICT**  
100 East College Avenue, Spring Grove, PA 17362  
717-225-4731  
sgasd.org

@SGSchoolNews



Individual Student Transportation Request Form

**School attendance and transportation information must be completed for ALL students residing in the Spring Grove Area School District whether they are using the service or not.** The information provided below should be for the **2025-2026** school years.

Attending School: \_\_\_\_\_

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

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

I request transportation for:

- ☐ **morning only**                      ☐ **afternoon only**  
☐ **morning and afternoon**      ☐ **NO TRANSPORTATION.**

You **MUST** provide directions to your home. Include road name, the closest intersecting road, approximate distance to the intersection and landmarks if applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contact person: \_\_\_\_\_

Emergency contact phone number \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian with whom student resides:

\_\_\_\_\_

☐ I am a resident of the Spring Grove Area School District.

Parent's Signature: \_\_\_\_\_

Date \_\_\_\_\_



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**\*\*Please call the Transportation Office when you do NOT need morning transportation! Call 717-225-4731 extension 3024.**

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This is to certify that the above-named child is enrolled in your school.

Principal or Designee's Signature: Kathy Hand

Starting Date: 8/20/25

If you have any questions, please contact Kristen Pepperman, Transportation Coordinator at (717) 225-4731 ext. 3024 or e-mail @ [peppermk@sgasd.org](mailto:peppermk@sgasd.org)



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