



**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 2026-2027 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 \_\_\_\_\_

