



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.**

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

Principal or Designee's Signature: _____

Starting Date: _____

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



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