



Plumstead Christian School Busing Form

P. O. Box 216, 5765 Old Easton Road
Plumsteadville, PA 18949
(215) 766-8073

DATE: _____

ATTENTION TO ALL PARENTS:

In order to set up our busing schedules and to receive reimbursement for busing your child(ren) to school, we **must** have the following information from each family. Please print or type all the information and return immediately. If you know that you will **not be riding** a bus, you must check the box below.

1. Parents Name: _____

2. Street Address: _____
(not mailing)

3. Nearest Cross Street: _____

4. School District you reside in: _____

5. Mailing Address: _____

6. Phone Number: Home _____ Cell _____

7. Name(s) and Grade(s) of children in family attending PCS (K-12)

NAME	GRADE
_____	_____
_____	_____
_____	_____
_____	_____

- My student(s) **will not** be riding the bus this year
- My student(s) need AM busing only
- My student(s) need PM busing only