

**Great Valley School District Busing**

Student Name	School	AM Bus	PM Bus	No Bus
_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please take a minute to let us know your child/children’s transportation needs for the upcoming school year.**

**If we do not hear from you, we will assume that no transportation is required.**

**If a stop is not used for two consecutive weeks, it will automatically be removed from the bus route.**

**Please email this form to: [transportation@gvdsd.org](mailto:transportation@gvdsd.org)**