

REQUEST FOR TRANSPORTATION UNDER ACT 372
(Complete a separate form for each student needing bus transportation)

Name of Child _____ Birthdate __/__/__ Grade: _____

Address: _____

Bus Stop(if known): _____

Name of Private School to be attended in September: _____

**The Lehigh Valley Charter High School
for the Arts**

**321 East 3rd Street
Bethlehem, PA 18015**

Mother Information

Father Information

Name (Please Print)

Home Telephone #

Work Telephone #

Cell Telephone #

E-Mail (print clearly)

Emergency Contacts

Name (Please Print)

Telephone #

NOTE: If you plan on providing your own transportation for your child, but would like to be put on an "ON CALL" status (meaning you call us if you need us to transport), please check this box.