



**NAZARETH AREA SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT**

One Education Plaza, Nazareth, PA 18064

Phone: 610-759-1170, Ext. 1177

Fax: 610-849-0878

REQUEST FOR TRANSPORTATION UNDER ACT 372

SCHOOL YEAR: _____

(Please complete a separate form for each child who needs bus transportation)

Name of student: _____ **Date of birth:** _____

Address: _____ **Grade entering:** _____

Name of Non-Public School attending: _____

Effective Entrance Date: _____

Name of Public School District in which child resides: **Nazareth Area School District**

The non-public school is approx. _____ miles from the **Nazareth Area School District**.

If your child received public school district transportation last year, please indicate the bus# _____ and the district responsible for transport. **(NOTE: A new Act 372 form needs to be filled out each year regardless of the students' prior year's transportation.)**

Transportation required: _____ **AM** _____ **PM** _____ **Both**

Parent/Guardian(s) Name: _____

Parent/Guardian(s) Signature: _____

Date: _____ **Email:** _____

Home Phone Number: _____ **Cell Number(s):** _____

Emergency contact names & telephone numbers: _____

Please note: A child must be withdrawn from Public School and officially enrolled in Non-Public School in order for Transportation to begin. Act 372 forms are obtained at the Non-Public schools in order to initiate/verify enrollment.