

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

Name of Child _____ Birthdate ___ / ___ / ___ Year _____
Grade: _____

Address: _____

Bus Stop(if known): _____

Name of Private School : 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.

*Please return to your school office or to:
Saucon Valley School District
Transportation Office
2097 Polk Valley Rd
Hellertown, PA 18055*