



**SOUTHERN LEHIGH SCHOOL DISTRICT**

5775 MAIN STREET  
CENTER VALLEY, PENNSYLVANIA 18034

PHONE: (610) 282-1030  
FAX: (610) 282-0193

IN PURSUIT OF EXCELLENCE

Office of Support Services

RideWithUs@sbsd.org

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**REQUEST FOR TRANSPORTATION UNDER ACT 372**  
**NON-PUBLIC SCHOOL STUDENTS**

(Please complete a separate form for each student requiring bus transportation.)

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|---|
| Student Name: _____   |
| Non-Public School Name: <u>Lehigh Valley Charter H.S. for the Arts</u> Grade: _____ |
| Gender: Male _____ Female _____ Date of Birth: _____                                |
| Home Address: _____<br>_____  |
| Phone Number: _____   |
| Cell Number: _____  |
| AM Transportation: _____yes _____no Location: _____                                 |
| PM Transportation: _____yes _____no Location: _____                                 |
| Date: _____ Parent Signature: _____   |