

REQUEST FOR TRANSPORTATION UNDER ACT 372

(Complete a separate form for each child needing bus transportation.)

Date: _____

Name of child: _____ Date of Birth: ____/____/____

Grade Entering: _____

Address (if rural, indicate specific location): _____

Name of School to be attended in September: L V Charter High School for the Arts

Name of Public School District in which child resides: Catusauguus Area School District

The above named child lives approximately _____ miles from the school to be attended next September.

If child received public school district transportation last year, please indicate:

Bus #: _____ District: _____

Mother Information

Father Information

Name (please print): _____

Home telephone #: _____

Work telephone #: _____

Cell telephone #: _____

Parent signature: _____

Emergency Contacts

Name (please print): _____

Telephone #: _____
