WHITEHALL-COPLAY SCHOOL DISTRICT

2940 MacArthur Road
Whitehall, PA 18052
Phone 610/437-4780

Act 372

NON-PUBLIC/PAROCHIAL SCHOOL TRANSPORTATION REQUEST

Students' Name _____ D.O.B._____
Last First M.I.

School _____ Grade _____

Home Address _____ _____
Street Address City/Town

Home Phone _____

Parent Names _____ Home Phone _____
Work Phone _____

_____ Home Phone _____
Work Phone _____

EMERGENCY CONTACT (Other then Parents)
Name _____ Phone Number _____
Address _____

Transportation requested beginning _____

Note: The Whitehall-Coplay Area School District requires three (3) working days after The request is received to update rosters and provide student transportation arrangements. The bus information will be provided to the school to which your child is assigned.

Transportation request is for: Morning only _____
Afternoon only _____
Both Ways _____

Special Arrangements: (Complete only if transportation is to sitter, or childcare Location)

Babysitter/Childcare Arrangements
Name _____
Address _____
Phone Number _____

Other information:

_____
_____
_____

_____ _____
Parents' Signature Date