

# 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: Catasaugua Area S.D.

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 #: \_\_\_\_\_

\_\_\_\_\_