

REQUEST FOR TRANSPORTATION UNDER ACT 372
Non-Public School Students

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

Student Name: _____**Birthdate:** _____**Grade:** _____**Name of Non-Public School:** The Lehigh Valley Charter High Schoolfor the Arts321 East 3rd StreetBethlehem, PA 18015**Address of Non-Public School:** _____ Change of Home Address**Student's Home Address:** _____**Guardian Information:****Guardian #1 Name:** _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Guardian #2 Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Transportation Requested: _____ **YES** _____ **NO** _____ **Emergency Only****Daily Transportation Requested:** _____ **AM only** _____ **PM only** _____ **AM & PM****Emergency Contacts: (Other than Parent/Guardian)**

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Parent(s) Signature**Date****Signature of Principal/Head of Non-Public School:** _____