

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:** Lehigh Valley Charter High School for the Arts**Address of Non-Public School:** 321 East 3rd St., Bethlehem, PA 18015 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:** _____