



Northampton Area School District
 Transportation Office
 2014 Laubach Avenue
 Northampton, PA 18067
 610-262-7811, ext. 6

**NON-PUBLIC STUDENT
 INFORMATION**

Please print clearly

SCHOOL NAME: Lehigh Valley Charter High School for the Arts **Date:** _____

Addition

Deletion

Change

STUDENT INFORMATION

Name of Student:		Date of Birth:	
Address:	Age:	Grade:	Sex: M F
City, State, Zip Code:			
Telephone Number:		School ID #:	
Parent/Guardian:			

TRANSPORTATION STATUS (please check)

	No Transportation Requested	
	Yes Transportation Requested	Act #372 Form Included

_____ Signature _____ Date

Do not write in space below.

TRANSPORTATION ASSIGNMENT

Date Received: _____	
Bus Number: _____	Pickup Time (approx.): _____
Parents Notified On: _____	Drop Off Time (approx.): _____
Comments: _____	

_____	_____
Transportation Supervisor	Date