

REQUEST FOR TRANSPORTATION UNDER ACT 372
(Complete a separate form for each student needing bus transportation)

Year 2022-2023

Name of Child _____ Birthdate / / Grade:

Address: _____

Bus Stop(if known): _____

Name of Private School : Lehigh Valley Charter High School for the Arts

Mother Information

Father Information

Name (Please Print) _____

Home Telephone # _____

Cell Telephone # _____

E-Mail (print clearly) _____

Emergency Contacts

Name (Please Print) _____

Telephone # _____

Days Transport is needed: Monday AM PM
Tuesday AM PM
Wednesday AM PM
Thursday AM PM
Friday AM PM

NOTE: If you plan on providing your own transportation for your child, but would like to be put on an “ON CALL” status (meaning you call us if you need us to transport), please check this box.

Parent Signature _____ Date _____

*Please return to your school office or to:
Saucon Valley School District
Transportation Office
2097 Polk Valley Rd
Hellertown, PA 18055*