



SOUTHERN LEHIGH SCHOOL DISTRICT

5775 MAIN STREET
CENTER VALLEY, PENNSYLVANIA 18034

PHONE: (610) 282-1030

FAX: (610) 282-0193

Office of Support Services

RideWithUs@slds.org

REQUEST FOR TRANSPORTATION UNDER ACT 372 NON-PUBLIC SCHOOL STUDENTS

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

Student Name: _____

Non-Public School Name: Lehigh Valley Charter High School for the Arts Grade: _____

Gender: Male _____ Female _____ Date of Birth: _____

Home Address: _____

Mother Information

Name: _____

Home Phone #: _____

Cell Phone #: _____

Email: _____

AM Transportation: ____yes ____no

PM Transportation: ____yes ____no

Father Information

Name: _____

Home Phone #: _____

Cell Phone #: _____

Email: _____

Location: _____

Location: _____

Emergency Contact Names & Phone Numbers (OTHER THAN PARENTS)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Parent(s) Signature: _____ Date: _____