## ALLENTOWN SCHOOL DISTRICT TRANSPORTATION REQUEST

## (Distribute to Parents of Qualifying Students Needing Transportation)

School Name:		School Year:	<u>2023-2024</u>
School Street Address:	City:		State: <u>PA</u> Zip:
School Phone #:	School Fax #:	_ Email:	

Dear Parent,

According to Pennsylvania Law, students are entitled to transportation as follows:

- 1. **Charter Schools** A District must provide transportation for resident public school students who attend charter schools and reside 1.5 miles or more walking distance from home to school for elementary students (Grades K-5) and 2.0 miles or more walking distance from home to school for secondary students (Grades 6-12).
- 2. Students who qualify by walking distance must be provided transportation to and from the non-public school in which the student is enrolled provided the school is not more than 10 miles beyond the district boundaries.

If you think you meet the qualifications and are requesting transportation, please complete the required information below and return this form to your school promptly. Form must be complete and signed by parents. Incomplete forms and forms without signature will not be accepted. The District will review and verify all information and will determine if the student is eligible for transportation.

********	**************************************	PER PORTION OF FORM**********************	* * * * * * * * * *
Date			
Name of Child		Birthdate// Grad	.e
Home Address			
Name of public school d	istrict in which child resides		
	<b>Mother's Information</b>	<b>Father's Information</b>	
Name			
Home Phone #			
Cell Phone #			
Work Phone #			
Parent(s) Signature			
Emergency Contact Na	me and Phone Number (other the state of the	han parent)	
Name		Phone	
Administration Only			
Allentown School District Approval:		Date:	
ASD Verify Miles from S	chool: Address Verificat	ion: Date:	