

Dear Parent,

According to Pennsylvania Law, nonpublic school children are entitled to transportation to nonpublic schools as follows:

1. A district that provides transportation for resident public school students must also make identical provisions for the transportation of resident nonpublic students.
2. Transportation for nonpublic school students must be provided to and from the nonpublic school. (Note: This distance may be in excess of 10 miles from the student's home.)
3. A district may transport children who live along hazardous routes even though the children live within walking distance of the school.

If you believe you are eligible for transportation and desire it for next school year, complete the Transportation Request Form below and return it to school without delay.

*Harry Reese*

Interim Principal

**2022-2023 TRANSPORTATION REQUEST FORM (ACT 372)**

(Please complete a separate form for each child requesting bus transportation.)

Name of Child: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade in September: \_\_\_\_\_

Male \_\_\_ Female \_\_\_

Address: (If rural address, indicate specific location) \_\_\_\_\_

Bus Stop: \_\_\_\_\_

Name & Address of Catholic School to be attended in September:

**ST. MICHAEL THE ARCHANGEL MIDDLE SCHOOL (Colesville)**

**4121 Old Bethlehem Pike**

**Bethlehem, PA 18015**

Name of Public School District (in which child resides): \_\_\_\_\_

The above named child lives approximately \_\_\_\_\_ miles from the Catholic School to be attended next September. If the child received public school district transportation last year, please indicate the bus number and district.

Bus Number: \_\_\_\_\_ District: \_\_\_\_\_

Please indicate (A or B)

A. Student will be parent transport to and from school, therefore will only require transportation in an emergency situation. \_\_\_\_\_

B. Transportation is required (please circle one)      AM only      PM only      AM & PM

Indicate which day(s) transportation is required:

\_\_\_ All week    \_\_\_ Monday    \_\_\_ Tuesday    \_\_\_ Wednesday    \_\_\_ Thursday    \_\_\_ Friday

**\*\*\*PLEASE INDICATE WHICH CONTACT SHOULD BE NOTIFIED FIRST (#1) & SECOND (#2)\*\*\***

**Mother Information**

**Father Information**

Name (please print): \_\_\_\_\_

Home phone # \_\_\_\_\_

Cell phone# \_\_\_\_\_

Work phone # \_\_\_\_\_

EMAIL \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMAIL \_\_\_\_\_

**Emergency Contact Names & Phone Numbers: (OTHER THAN PARENTS)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Male  Female

Address: (If rural address, indicate specific location) \_\_\_\_\_

Bus Stop: \_\_\_\_\_

Name & Address of Catholic School to be attended in September:

**ST. MICHAEL THE ARCHANGEL ELEMENTARY SCHOOL (Limeport)**  
**5040 St. Joseph Road**  
**Coopersburg, PA 18036**

Name of Public School District (in which child resides): \_\_\_\_\_

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