

Dear Parent/Guardian,

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.

Marianne Gano

Principal

2024-2025 TRANSPORTATION REQUEST FORM (ACT 372)

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

Name of Child: _____ Birth date: _____ Grade in September 2024: _____

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): _____

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.

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