Dear Parent/Guardian,

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

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

Marianno Gano

2024-2025 TRANSPORTATION REQUEST FORM (ACT 372)   (Please complete a separate form for each child requesting bus transportation.)   Name of Child:		Princip	al			
Male Female						1 = 1
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 weekMondayTuesdayWednesdayThursdayFriday  ***PLEASE INDICATE WHICH CONTACT SHOULD BE NOTIFIED FIRST (#1) & SECOND (#2) ***  Mother Information	Name of Child: Male Female	Birth date:	Gra	de in September	2024:	
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): niles 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 Friday	Address: (If rural ad	idress, indicate specific location)				
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A121 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):  EMAIL EMAIL  Emergency Contact Names & Phone Numbers: (OTHER THAN PARENTS)					Lagralla)	
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:	<u>51. ivii (</u>				<u>iesvine)</u>	
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Emergency Contact Names & Phone Numbers: (OTHER THAN PARENTS)  Name: Phone:	Mother Information Name (please print): Home phone # Cell phone# Work phone #		Father ]	<u>Information</u>		
Name: Phone:				ER THAN PAR	ENTS)	
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Parent(s) Signature: \_\_\_\_\_

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Marianne Gano

Principal

Name at Childi	Birth date:	Grad	le in Sentember	2024.
Male Female	Bitti date.	Grac	ie in September	2024
Address: (If rural address, indi-	cate specific location)			
	chool to be attended in September		TY 0 CTT 0 C	NT /T!
ST. MICHAEL	THE ARCHANGEL EL 5040 St. Joseph		<u>RY SCHOC</u>	<u>)L (Limeport)</u>
	-			
Name of Public School District	Coopersburg, P			
The above named child lives appendid received public school dist	(in which child resides): proximately miles from the trict transportation last year, pleases:	ise indicate the	bus number and	ed next September. If the district.
A. Student will be pare emergency situation	ent transport to and from school, t	therefore will	only require tran	sportation in an
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Indicate which day( All weekI	MondayTuesdayW	<sup>7</sup> ednesday	Thursday	Friday
All weekI			•	
All week!  ***PLEASE INDICATE WHI  Mother Information	MondayTuesdayW ICH CONTACT SHOULD BE	NOTIFIED I	•	
All weekI  ***PLEASE INDICATE WHI  Mother Information  Name (please print);	MondayTuesdayW ICH CONTACT SHOULD BE	NOTIFIED I	FIRST (#1) & S	
All week!  ***PLEASE INDICATE WHI  Mother Information  Name (please print):  Home phone #	MondayTuesdayW ICH CONTACT SHOULD BE	NOTIFIED I	FIRST (#1) & S	
All week!  ***PLEASE INDICATE WHI  Mother Information  Name (please print):  Home phone #  Cell phone#	MondayTuesdayW ICH CONTACT SHOULD BE	NOTIFIED I	FIRST (#1) & S	ECOND (#2) ***
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