

Dear Parent/Guardian:

According to Pennsylvania Law, non-public school children are entitled to transportation to non-public schools as follows:

1. A district, which provides transportation for resident public school students, must also make identical provisions for the transportation of resident non-public school students.
2. Transportation for non-public school students must be provided to and from the non-public school in which the student is enrolled, even if the non-public school is located outside the district so long as the distance is not more than 10 miles beyond the district boundaries. (Note this distance may be in excess of 10 miles from 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 think your child is eligible for transportation, please complete the form on the reverse side and return it to

**Berks Catholic High School
Attn: Mrs. Karla Lewars
955 E. Wyomissing Blvd.
Reading, PA 19611**

**Email: klewars@berkscatholic.org
Fax: 610-374-4309**

PLEASE NOTE THAT A FORM MUST BE SUBMITTED FOR EACH STUDENT AND MAY NOT BE CARRIED OVER FROM YEAR TO YEAR.

IF YOUR SPECIFIC SCHOOL DISTRICT REQUIRES **TWO PROOFS OF RESIDENCY**, THAT MUST BE PROVIDED ALONG WITH THIS FORM.

Any questions regarding this requirement should be directed to your local school district transportation department.



REQUEST FOR TRANSPORTATION UNDER ACT 372

A SEPARATE FORM FOR EACH STUDENT
 return to Berks Catholic High School/Attn: Mrs. Lewars

Name of Student: _____

DOB: _____

Student's Address: _____

Grade in SEPT: _____

(If rural address, indicate specific location)

Name of Catholic School: **Berks Catholic High School**

Transportation Requested: BOTH AM & PM AM ONLY PM ONLY DECLINE ALL TRANSPORTATION

Name of **Public School District** where student resides _____

	Primary Parent/Guardian Information	Secondary Parent/Guardian Information
Name (Please Print)		
Primary Phone Number		
Cell Phone Number		
Work Phone Number		
Email Address		
Student Lives With	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

EMERGENCY CONTACT (OTHER THAN PARENTS):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I acknowledge that for a student to receive transportation services as a resident of this district, the student and parent/guardian must maintain permanent residence within the district boundaries. It is my responsibility to notify the District immediately of any change in my residency. If it is determined that a student is not a resident, the student shall no longer receive transportation. Through my signature below, I acknowledge that the information provided on this form is accurate and factual.

Parent/Guardian Signature: _____ Date: _____