



# SOUTHERN LEHIGH SCHOOL DISTRICT

5775 MAIN STREET  
CENTER VALLEY, PENNSYLVANIA 18034

PHONE: (610) 282-1030  
FAX: (610) 282-0193

Office of Support Services

[RideWithUs@sbsd.org](mailto:RideWithUs@sbsd.org)

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## REQUEST FOR TRANSPORTATION UNDER ACT 372 NON-PUBLIC SCHOOL STUDENTS

(Please complete a separate form for each student bus transportation)

Dear Parent:

According to Pennsylvania Law, non-public school children are entitled to transportation to non-public school 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 according to the non-public school calendar.
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 of 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 with walking distance of the school.

If you think you are eligible for transportation and desire it for next term, please complete the request form below and return it to the non-public school or send it to our transportation office at the address or fax number listed above.



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## REQUEST FOR TRANSPORTATION UNDER ACT 372 NON-PUBLIC SCHOOL STUDENTS

(Please complete a separate form for each student requiring bus transportation)

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

Non-Public School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

### Mother Information

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

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

AM Transportation: \_\_\_\_yes \_\_\_\_no

PM Transportation: \_\_\_\_yes \_\_\_\_no

### Father Information

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

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Location: \_\_\_\_\_

Location: \_\_\_\_\_

### Emergency Contact Names & Phone Numbers (OTHER THAN PARENTS)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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