



# SALISBURY TOWNSHIP SCHOOL DISTRICT

Administration Building  
1140 Salisbury Road  
Allentown, PA 18103

*Salisbury...Inspire, Think, Learn, Grow...Together!*

Office of Transportation  
transportation@salisburysd.org

610-797-2062 ext. 1305  
FAX 610-791-9983

## 2024-25 REQUEST FOR TRANSPORTATION UNDER ACT 372 NON-PUBLIC SCHOOL STUDENTS

(Please complete a separate form for each student requiring 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 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 the student's home.)
3. A district may transport children who live along hazardous route even though the children live within walking distance of the school.

If you think you are eligible for transportation and desire it for the 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 on this letter or email [transportation@salisburysd.org](mailto:transportation@salisburysd.org).

# **2024-25 REQUEST FOR TRANSPORTATION UNDER ACT 372**

(A separate form for each child must be completed annually for continued transportation services for all non-public school students.)

1. Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. Address: \_\_\_\_\_ Grade Entering \_\_\_\_\_  
\_\_\_\_\_ Male or Female: \_\_\_\_\_
3. Name of Non-Public School Attending: \_\_\_\_\_
4. The above-named student lives approximately \_\_\_\_\_ miles from the non-public school they will be attending.

STARTING DATE: \_\_\_\_\_

5. Name of Public School District (in which child resides): \_\_\_\_\_
6. Please indicate the following (check only one box)

I DO NOT request transportation at this time. Student will drive or is parent transport to/from school.

I DO require transportation at this time **(please check all that apply)**

AM Transportation Yes \_\_\_\_\_ No \_\_\_\_\_

PM Transportation Yes \_\_\_\_\_ No \_\_\_\_\_

## **Parent/Guardian 1 Information**

Name (Please Print) \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

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

## **Parent/Guardian 2 Information**

Name (Please Print) \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

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

## **Emergency Contact if unable to reach parent or guardian:**

Name (Please Print) \_\_\_\_\_

Phone \_\_\_\_\_

**PLEASE NOTE: A child must be withdrawn from Public School and officially enrolled in non-public school in order for transportation to begin. Act 372 forms are obtained at the non-public schools in order to initiate/verify enrollment.**