Dear Parent/Guardian:

SCHOOL YEAR:_____

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

1. **A district which provides transportation for resident public school students must also make identical provisions for the transportation of resident nonpublic school students according to the nonpublic school calendar.**
2. **Transportation for nonpublic school students must be provided to and from the nonpublic school in which the student is enrolled, even if the nonpublic 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 you are eligible for transportation and desire it for the next school year, please complete the request form below and return it to your child's school as soon as possible.
Thank you!

REQUEST FOR TRANSPORTATION UNDER ACT 372

(A **separate form for each child** must be completed annually for continued transportation services for all nonpublic 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 approx.**_____**miles from the nonpublic school he/she will be attending.**

EFFECTIVE ENTRANCE DATE:_____

5. **Name of Public School District (in which child resides):** Bethlehem Area SD
6. **Please indicate the following (Check A or B):**

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

☐ B. I DO require Transportation at this time (Please check all that apply) ☐ **AM** ☐ **PM** ☐ **Both**

☐ **MONDAY** ☐ **TUESDAY** ☐ **WEDNESDAY** ☐ **THURSDAY** ☐ **FRIDAY**

	Parent/Guardian 1 Information	Parent/Guardian 2 Information
Name (Please Print):		
Home Phone:		
Work Phone:		
Cell Phone:		
Email:		

PARENT/GUARDIAN) SIGNATURE: _____ DATE: _____

Emergency Contact Names & Phone Numbers (other than parents/guardians):

Name: _____ **Phone:** _____ **Cell:** _____

Name: _____ **Phone:** _____ **Cell:** _____

PLEASE NOTE: A child must be withdrawn from Public School and officially enrolled in NonPublic School in order for Transportation to begin.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

Estimado padre/tutor: **AÑO ESCOLAR:_____**

De acuerdo con la Ley de Pennsylvania, los niños de escuelas no públicas tienen derecho a transporte a escuelas no públicas de la siguiente manera:

1. **Un distrito que proporciona transporte para estudiantes residentes de escuelas públicas también debe hacer disposiciones idénticas para el transporte de estudiantes residentes de escuelas no públicas de acuerdo con el calendario escolar no público.**
2. **Se debe proporcionar transporte para los estudiantes de escuelas no públicas hacia y desde la escuela no pública en la que está inscrito el estudiante, incluso si la escuela no pública está ubicada fuera del distrito, siempre que la distancia no sea más de 10 millas más allá de los límites del distrito. (Nota: esta distancia puede exceder las 10 millas de la casa del estudiante).**
3. **Un distrito puede transportar a los niños que viven a lo largo de rutas peligrosas aunque los niños vivan a poca distancia de la escuela.**

Si cree que es elegible para el transporte y lo desea para el próximo año escolar, complete el formulario de solicitud a continuación y devuélvelo a la escuela de su hijo lo antes posible. ¡Gracias!

SOLICITUD DE TRANSPORTE BAJO LA LEY 372

(Se debe completar un **formulario separado para cada niño** cada año para continuar servicios de transportación a una escuela no pública)

1. **Nombre del estudiante:**_____ **Fecha de nacimiento:**_____
2. **Dirección:**_____ **Grado de ingreso:**_____

   _____ **Masculino o femenino:** __
3. **Nombre de la escuela no pública a la que asiste:**_____
4. **El estudiante mencionado anteriormente vive aproximadamente** _____ **millas de la escuela privada a la que asistirá.**

FECHA DE INGRESO EFECTIVO:_____

5. **Nombre del distrito escolar público (en el que reside el niño):**_____
6. **Indique lo siguiente (marque A o B):**

_____ A. NO necesito transporte en este momento. El estudiante conducirá o será transportado por los padres hacia/desde la escuela.

_____B. NECESITO transporte en este momento (marque todo lo que corresponda) ____**AM** ____**PM** ____**Ambos**

_____**LUNES** _____**MARTES** _____**MIÉRCOLES**_____**JUEVES** _____ **VIERNES**

	Padre/tutor 1 Información	**Padre/tutor 2 información**
Nombre:		
Teléfono de casa:		
Telé. del trabajo:		
Teléfono celular:		
Correo electrónico:		

PADRE /TUTOR) FIRMA: _____ FECHA: _____

Nombres y números de teléfono de contactos de emergencia (que no sean padres/tutores):

Nombre: _____ **Teléfono:** _____ **Celular:** _____

Nombre: _____ **Teléfono:** _____ **Celular:** _____

BETHLEHEM
AREA SCHOOL DISTRICT

Alternate Transportation Request Form

This form must be completed and submitted to the school office by all parents/guardians needing transportation service to locations other than the student's residence.

Student Name: _____ School: _____ Grade: _____

Home Address: _____

Home Phone: _____ Alternate Provider's Phone: _____

Alternate Provider's Name: _____

Alternate Provider's Address: _____

Request for: AM pick up_____ PM drop off_____ Both AM & PM _____

- All requests will be approved on a space available/five (5) days per week basis.
- Requests for one (1) or several days per week or alternating weeks will not be approved.
- All requests must be for every AM pick up and/or every PM drop off.
- The alternate address must be within the current school attendance area and deemed eligible for transportation.
- When possible, intersection and/or an existing neighborhood stops will be utilized as the assigned school bus stop.
- This busing request will remain in effect for one year, until alternate location is cancelled or a new busing request form is completed.
- Existing requests must be renewed annually prior to the start of each school year.

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Home Phone: _____Cell Phone: _____

Parent(s)/Guardian(s) Signature: _____

Date: _____ Effective Date: _____

Any questions regarding this form, please contact your child's school or the Transportation Department at 610-861-0360.