

ALLENTOWN SCHOOL DISTRICT TRANSPORTATION REQUEST Form 372

(Distribute to Parents of Qualifying Students Needing Transportation)

School Name: St. Michael the Archangel School Year: 2020-2021

School Street Address: 4121 Old Bethlehem Pike City: Bethlehem State: PA Zip: 18015

School Phone #: 610-867-8422 School Fax #: 610-865-2098 Email: cweiss@st-mikes.com (Mrs. Colleen Weiss, Principal)

Dear Parent,

According to Pennsylvania Law, students are entitled to transportation as follows:

- 1. Non-Public Schools - A District which provides transportation for resident public school students must also make identical provisions for the transportation of resident non-public school students. Allentown School District transports elementary students (K-5 grades) who reside 1.5 miles or more from their school. Non-Public Elementary students (Grades K-5) must reside 1.5 miles or more walking distance from home to school to qualify for transportation.
2. Charter Schools - A District must provide transportation for resident public school students who attend charter schools and reside 1.5 miles or more walking distance from home to school for elementary students (Grades K-5) and 2.0 miles or more walking distance from home to school for secondary students (Grades 6-12).
3. Transportation for students who qualify by walking distance must be provided transportation to and from the non-public or charter school in which the student is enrolled, even if the school is located outside the district so long as the distance is not more than 10 miles beyond the district boundaries.

If you think you meet the qualifications and are requesting transportation, please complete the required information below and return this form to your school promptly.

Date St. Michael the Archangel (Colesville) Birthdate / / Grade
Name of Child
Home Address

Name of public school district in which child resides

Table with 2 columns: Mother's Information, Father's Information. Rows include Name, Home Phone #, Cell Phone #, Work Phone #, Parent(s) Signature.

Emergency Contact Name and Phone Number (other than parent)

Name Phone

Administration Only

Allentown School District Approval: Date:

ASD Verify Miles from School: Address Verification: Date:

ALLENTOWN SCHOOL DISTRICT TRANSPORTATION REQUEST Form 372

(Distribute to Parents of Qualifying Students Needing Transportation)

School Name: St. Michael the Archangel School Year: 2020-2021

School Street Address: 5040 St. Joseph Road City: Coopersburg, State: PA Zip: 18036

School Phone #: 610-965-4441 School Fax #: 610-965-1030 Email: cweiss@st-mikes.com (Mrs. Colleen Weiss, Principal)

Dear Parent,

According to Pennsylvania Law, students are entitled to transportation as follows:

1. **Non-Public Schools** - A District which provides transportation for resident public school students must also make identical provisions for the transportation of resident non-public school students. Allentown School District transports elementary students (K-5 grades) who reside 1.5 miles or more from their school. Non-Public Elementary students (Grades K-5) must reside 1.5 miles or more walking distance from home to school to qualify for transportation.
2. **Charter Schools** – A District must provide transportation for resident public school students who attend charter schools and reside 1.5 miles or more walking distance from home to school for elementary students (Grades K-5) and 2.0 miles or more walking distance from home to school for secondary students (Grades 6-12).
3. Transportation for students who qualify by walking distance must be provided transportation to and from the non-public or charter school in which the student is enrolled, even if the school is located outside the district so long as the distance is not more than 10 miles beyond the district boundaries.

If you think you meet the qualifications and are requesting transportation, please complete the required information below and return this form to your school promptly.

Date _____ St. Michael the Archangel
 (Coopersburg)
 Name of Child _____ Birthdate ___/___/___ Grade _____
 Home Address _____

Name of public school district in which child resides _____

Mother's Information

Father's Information

Name	_____	_____
Home Phone #	_____	_____
Cell Phone #	_____	_____
Work Phone #	_____	_____
Parent(s) Signature	_____	_____

Emergency Contact Name and Phone Number (other than parent)

Name _____ Phone _____

Administration Only

Allentown School District Approval: _____ Date: _____

ASD Verify Miles from School: _____ Address Verification: _____ Date: _____