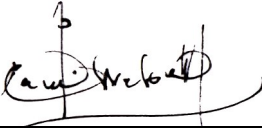


Dear Parent,

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 the 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 next term, please complete the Request Form below and return it to school immediately.

Principal   
 Carl P. Weber, Ed.D

**PLEASE PRINT**

**Request for Transportation Under Act 372**

**PLEASE PRINT**

(Complete a separate form for each child needing bus transportation next school year and return it to the school.)

1. Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Male or Female \_\_\_\_\_ Grade Entering (2015-2016) \_\_\_\_\_
2. Street/City/Zip \_\_\_\_\_  
 (If rural address, indicate specific location)
3. Student attending **ST. THOMAS MORE SCHOOL**, 1040 Flexer Avenue, Allentown, PA
4. Name of Public School District in which child resides \_\_\_\_\_
5. Please Indicate A or B:  
 A. Student will be parent transport to and from school. \_\_\_\_\_  
 B. Transportation is required (please circle one)    AM only    PM only    AM & PM  
 Indicate which day(s) transportation is required:

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Emergency Situation Only

**Mother's Information**

**Father's Information**

Name \_\_\_\_\_

Name \_\_\_\_\_

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

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

Work Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

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

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

**Emergency Contact Names & Phone Numbers : (OTHER THAN PARENTS)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date