

ALLENTOWN SCHOOL DISTRICT TRANSPORTATION REQUEST Form 372

(Distribute to Parents of Qualifying Students Needing Transportation)

School Name: St. Michael the Archangel School Year: 2018-2019

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 (Limeport)
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: