



**NORTHAMPTON AREA SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT**

Dear Parent,

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.
2. Transportation for nonpublic school students must be provided to and from the nonpublic school in which the student is enrolled. This also applies to nonpublic schools located outside the district, so long as the distance is not more than ten (10) miles **beyond the public school district boundaries**. (NOTE: This distance may be in excess of ten (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 for Transportation form below and return it to your child's school as soon as possible.

Signed _____
Principal

REQUEST FOR TRANSPORTATION UNDER ACT 372

(Please complete a separate form for each child requiring bus transportation next school year.)

1. Child's Name: _____ Birth date: _____ Grade entering: _____
2. Address (if rural address, indicate specific location) _____

3. Public school district in which child resides: **Northampton Area School District**
4. Name of nonpublic school attending in September (next school year): _____
5. The above named child lives approximately _____ miles from the nonpublic school he/she will be attending.
6. If your child received public school district transportation last year, please indicate:
Bus number: _____ District: _____

NOTE: A new Act 372 form needs to be filled out each year regardless of the students' prior year transportation.

	<u>Mother Information</u>	<u>Father Information</u>
Name (please print):	_____	_____
Home phone:	_____	_____
Cell phone:	_____	_____
Work phone:	_____	_____

Parent(s) Signature: _____ Date: _____

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

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____