

Saucon Valley

Request for Transportation under ACT 372

(Complete a separate form for each student needing bus transportation)

Name of Child _____ Birthdate ___/___/___ Grade _____

Address _____

Bus Stop (if known): _____

Name of Private School to be attended in September: Bethlehem Catholic High School

Mother Information

Father Information

Name (please print) _____

Home Telephone # _____

Work Telephone # _____

E-mail (print clearly) _____

Emergency Contacts

Name (please print) _____

Telephone # _____

Note: If you plan on providing your own transportation for your child, but would like to be put on an “On Call” status (meaning you call us if you need us to transport), please check this box.