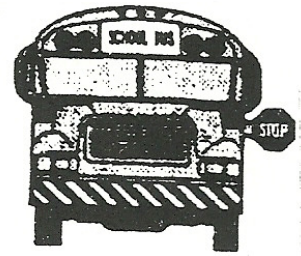


ACT 372



WHITEHALL-COPLAY SCHOOL DISTRICT

2940 MacArthur Road
Whitehall, PA 18052
Phone 610/437-4780

NON-PUBLIC/PAROCHIAL SCHOOL TRANSPORTATION REQUEST

Students' Name _____ D.O.B. _____

Last First M.I.

School _____ Grade _____

Home Address _____
Street Address City/Town

Home Phone _____

Parent Names _____ Home Phone _____
Work Phone _____
Home Phone _____
Work Phone _____

EMERGENCY CONTACT (Other than Parents)

Name _____ Phone Number _____
Address _____

Transportation requested beginning _____

Note: The Whitehall-Coplay Area School District requires three (3) working days after
The request is received to update rosters and provide student transportation
arrangements. The bus information will be provided to the school to which
your child is assigned.

Transportation request is for: Morning only _____
Afternoon only _____
Both Ways _____

Special Arrangements: (Complete only if transportation is to sitter, or childcare
Location)

Babysitter/Childcare Arrangements

Name _____
Address _____
Phone Number _____

Other information:

Parents' Signature

Date