| Dear Pa | arent/Guardian: | SCHOOL YEAR:_ | 2024-2025 |
|---------|--|---|-------------------------|
| Accordi | ng to Pennsylvania Law, nonpublic sch | ool children are entitled to transportation to nonpub | lic 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 according to the nonpublic school calendar. | | |
| 2. | | | |
| ۷. | Transportation for nonpublic school students must be provided to and from the nonpublic school in which the student is enrolled, even if the nonpublic 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 | | |
| | | | |
| | student's home.) | , , , , , , , , , , , , , , , , , , , | |
| 3. | district may transport children who live along hazardous routes even though the children live within walking istance of the school. | | |
| • | ink you are eligible for transportation a nd return it to your child's school as so | nd desire it for the next school year, please complet on as nossible | e the request form |

(A **separate form for each child** must be completed annually for continued transportation services for all nonpublic school students.)

| Name of stude | nt: | Date of Birth: |
|-----------------------------------|--|--|
| 2. Address: | | Grade Entering: |
| | | Male or Female: |
| 3. Name of Non-F | Public School attending: | gh School |
| 4. The above nam | ned student lives approxmiles from the | nonpublic school he/she will be attending. |
| EFFE | ECTIVE ENTRANCE DATE: August 26, 202 | 4 |
| 6. Please indicate | School District (in which child resides): the following (Check A or B): request transportation at this time. Student will uire Transportation at this time (Please check all to the student) TUESDAY Parent/Guardian 1 Information | drive or is parent transport to/from school. that apply)AM STOP# |
| Name (Please Print): | , | |
| Home Phone: | | |
| Work Phone: | | |
| Cell Phone: Email: | | |
| | I) SIGNATURE: | |
| Name: | Phone: | Cell: |
| Name: | Phone: | Cell: |

PLEASE NOTE: A child must be withdrawn from Public School and officially enrolled in NonPublic School in order for Transportation to begin. Act 372 forms are obtained at the NonPublic schools in order to initiate/verify enrollment.