



Northampton Area School District
 2014 Laubach Avenue
 Northampton, PA 18067
 610-262-7811 x20022

**NON-PUBLIC STUDENT
 TRANSPORTATION**

FOR SCHOOL YEAR:
 Must be submitted **EVERY** year.

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.
Please Note: Students who don't ride their assigned bus for fifteen (15) consecutive school days may be removed from the transportation roster to ensure route efficiency and cost effectiveness. Families may contact the Transportation Department to request reinstatement of services.

SCHOOL NAME: _____ **DATE:** _____

ADDITION

DELETION

CHANGE

Student Name:	Grade:	Age:	Date of Birth:
Street Address:	Apt #/PO Box (if applicable):		Sex:
			M F
City, State, Zip:	Public school district in which child resides:		
	<i>Northampton Area School District</i>		
Parent/Guardian Name (print):	Parent/Guardian Email:		

TRANSPORTATION STATUS:	<input type="checkbox"/> <i>Yes, transportation is requested (choose one)</i> <input type="checkbox"/> BOTH AM and PM <input type="checkbox"/> AM ONLY <input type="checkbox"/> PM ONLY	<input type="checkbox"/> <i>No, transportation is not needed</i>
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CONTACT INFO	NAME	CELL PHONE	OTHER PHONE
Parent/Guard #1			
Parent/Guard #2			
Emergency			

Parent Signature: _____ **Date:** _____

Principal Signature: _____ **Date:** _____

FOR DISTRICT USE ONLY: Transportation Assignment					
Date Received:	Parents Notified on:				
Student ID #:	Bus #:	Pick Up Time:	Drop Off Time:		