

ALLENTOWN SCHOOL DISTRICT TRANSPORTATION REQUEST

(Distribute to Parents of Qualifying Students Needing Transportation)

School Name: _____ School Year: **2020-2021**

School Street Address: _____ City: _____ State: **PA** Zip: _____

School Phone #: _____ School Fax #: _____ Email: _____

Dear Parent,

According to Pennsylvania Law, students are entitled to transportation as follows:

1. **Non-Public Schools** - A District which provides transportation for resident public school students must also make identical provisions for the transportation of resident non-public school students. Allentown School District transports elementary students (K-5 grades) who reside 1.5 miles or more from their school. Non-Public Elementary students (Grades K-5) must reside 1.5 miles or more walking distance from home to school to qualify for transportation.
2. Transportation for students who qualify by walking distance must be provided transportation to and from the non-public school in which the student is enrolled, even if the school is located outside the district so long as the distance is not more than 10 miles beyond the district boundaries.

If you think you meet the qualifications and are requesting transportation, please complete the required information below and return this form to your school promptly. Form must be complete and signed by parents. Incomplete forms and forms without signature will not be accepted. The District will review and verify all information and will determine if the student is eligible for transportation.

*****DO NOT DETACH THE UPPER PORTION OF FORM*****

Date _____

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

Home Address _____

Name of public school district in which child resides _____

Mother's Information

Father's Information

Name _____

Home Phone # _____

Cell Phone # _____

Work Phone # _____

Parent(s) Signature _____

Emergency Contact Name and Phone Number (other than parent)

Name _____ Phone _____

Administration Only

Allentown School District Approval: _____ Date: _____

ASD Verify Miles from School: _____ Address Verification: _____ Date: _____