



435 S. 6th Street Emmaus, PA 18049
610-965-9220 School ~ 610-967-4521 Fax
www.stann-emmaus.org

REQUEST FOR TRANSPORTATION UNDER ACT 372 Non-Public School Students

(Please complete a separate form for each student requiring bus transportation)

Student Name: _____

Birthdate: _____ **Grade:** _____

Name of Non-Public School: St. Ann School

Address of Non-Public School: 435 S. 6th Street, Emmaus, PA 1849

Public School District in which the student resides: _____

Student's Home Address: _____

Is this a Change of Home Address from last school year?

Parent/Guardian Information:

Guardian #1 Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Guardian #2 Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Transportation Requested: _____ **YES** _____ **NO** _____ **Emergency Only**

Daily Transportation Requested: _____ AM only _____ PM only _____ AM & PM

Emergency Contacts: *(Other than Parent/Guardian)*

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Parent(s) Signature

Date

Signature of Principal/Head of Non-Public School:

Mrs. Diana Kile