

# St. Ignatius Loyola Regional School

*Faith in Every Child*

2700 St. Albans Drive ♦ West Lawn, PA. 19609

## Request for Transportation

Dear Parents:

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

1. A district that 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, 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 the student's home.)
3. A district may transport students who live along hazardous routes even though the students live within walking distance of the school.

If you think you are eligible for transportation and desire it for the next term, we ask you to complete the Act 372 Form below and return it school immediately. This form needs to be completed each year.

Robert M. Birmingham, Principal

### ONE FORM PER STUDENT

#### REQUEST FOR TRANSPORTATION UNDER ACT 372

2012-2013

Student: \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_  
House No./ Street Name City State Zip

Father's name: \_\_\_\_\_ cell #: \_\_\_\_\_ work #: \_\_\_\_\_

Mother's name: \_\_\_\_\_ cell #: \_\_\_\_\_ work #: \_\_\_\_\_

Name of Catholic School: ST. IGNATIUS LOYOLA REGIONAL SCHOOL

Name of Public School District in which student resides: \_\_\_\_\_

The above named student lives approximately \_\_\_\_\_ miles from the Catholic School to be attended.

If student received public school district transportation last year, please indicate:

Bus Number: \_\_\_\_\_ School District: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Number Relationship

Medical concerns the bus driver needs to be aware of: \_\_\_\_\_

Student's Birth Date: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(parent or guardian)