

Dear Parent,

According to Pennsylvania Law, non-public school children are entitled to transportation to non-public schools as follows:

1. A district which provides transportation for resident public school students must also make identical provisions for the transportation of resident non-public school students.
2. Transportation for non-public school students must be provided to and from the non-public school in which the student is enrolled, even if the non-public 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. 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 Form below and return it to school immediately.

**Request For Transportation Under Act 372**

(Complete a separate form for each child needing bus transportation next school year and return it to the school.)

1. Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Male or Female \_\_\_\_\_ Grade Entering \_\_\_\_\_

2. Address (if rural address, indicate specific location) \_\_\_\_\_  
\_\_\_\_\_

3. Name and Address of Non-public School attending:  
**Manarah Islamic Academy, 1988 Schadt Ave. Whitehall, Pa. 18052**

4. Name of Public School District (in which child resides) \_\_\_\_\_

5. Please indicate (A or B):  
 \_\_\_\_\_ A. Student will drive or will be parent transport to and from school, therefore will only require transportation in an emergency situation  
 \_\_\_\_\_ B. Transportation is required (please circle one): AM only PM only AM & PM  
 Indicate which day(s) transportation is required:  
 \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

**Mother's Information**

**Father's Information**

Name (please print): \_\_\_\_\_  
 home phone#: \_\_\_\_\_  
 cell phone#: \_\_\_\_\_  
 work phone#: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Local Emergency Contact Names & Phone Numbers: (OTHER THAN PARENTS)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_