

ALLENTOWN SCHOOL DISTRICT TRANSPORTATION REQUEST

(Distribute to Parents of Qualifying Students Needing Transportation)

School Name: Arts Academy Charter School School Year: **2022-2023**
School Street Address: 1610 East Emaus Ave City: Allentown State: **PA** Zip: 18103
School Phone #: 610-351-0234 School Fax #: 610-351-0307 Email: mainoffice@arts-cs.org

Dear Parent,

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

1. **Charter Schools** – A District must provide transportation for resident public school students who attend charter schools and reside 1.5 miles or more walking distance from home to school for elementary students (Grades K-5) and 2.0 miles or more walking distance from home to school for secondary students (Grades 6-12).
2. Transportation for students who qualify by walking distance must be provided transportation to and from the charter 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: _____