EAST PENN SCHOOL DISTRICT Emmaus, PA

Request for Transportation Distance Review

Today's Date				
Parents Name	(Last)	(First)	(Initial)	-
Address	(-02-)	, ,	(=====	
City		State	Zip	
Telephone (Day)_		(Evening)		
school which my s	student(s) is/are atte		he distance from my property to distance is 0.75 miles or greater	
		of the Transportation to the requesting pare	Office will review the actual ent(s).	
			vish to send a hard copy, please District, 800 Pine Street, Emmau	
(Si	gnature)		(Date)	