

ABINGTON HEIGHTS SCHOOL DISTRICT

TRANSPORTATION OFFICE
SUSAN WALLACE, DIRECTOR
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TRANSPORTATION REQUEST 2018-2019

NAME OF CHILD _____

GRADE OF CHILD _____ DOB OF CHILD _____

ADDRESS OF CHILD _____

MOTHER'S NAME _____ FATHER'S NAME _____

ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____

ALT. PHONE _____ ALT. PHONE _____

SCHOOL NAME _____

SCHOOL ADDRESS _____

SCHOOL PHONE _____

TRANSPORTATION REQUESTED MORNING _____ AFTERNOON _____

ABINGTON HEIGHTS SCHOOL DISTRICT PROVIDES TRANSPORTATION ONE WAY
FOR KINDERGARTEN STUDENTS

PLEASE RETURN TO AHSD TRANSPORTATION OFFICE VIA MAIL, FAX OR EMAIL