

**ABINGTON HEIGHTS SCHOOL DISTRICT
CLARKS SUMMIT, PA 18411**

TRANSPORTATION OFFICE

Susan B. Wallace, Director **Telephone: 570- 585-7310**
Fax: 570-585-8245

The following form must be filled out by every rider. This information will be used for the 2016-2017 school year. Please return to your school's front office.

Student's Name: _____

This Year's School: _____ **Grade:** _____

Next Year's School: _____ **Grade:** _____

Transportation needed for 2016- 2017 _____ **AM** _____ **PM**

Bus stop to use: Abington Heights Community Library _____
Sicklars Bike Shop _____
Waverly Community Center _____
St Gregory's Church _____
South Abington Elementary _____

Parent's Name: _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

Cell / Alternative Phone Number: _____