



Ambridge Area High School • 909 Duss Avenue • Ambridge, PA 15003  
724-266-2833/FAX 724-266-5056

## 2021-2022 CHILDCARE BUS STOP REQUEST FORM

Student Name: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Childcare Provider: \_\_\_\_\_

**\*\*Please note: Your child will be assigned to the district's APPROVED bus stop nearest to your Childcare provider\*\***

(Name, Address & Phone Number of Childcare Provider)

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

When will this stop be used?

AM only / PM only / or BOTH AM & PM (please circle one)

Parent / Guardian Name(s): \_\_\_\_\_

Your relationship to student: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*PLEASE COMPLETE A FORM FOR EACH OF YOUR CHILDREN\*\*\***

PLEASE COMPLETE THIS FORM AND RETURN TO THE TRANSPORTATION OFFICE TO BETHANN EYTH,  
TRANSPORTATION DIRECTOR AT [beyth@ambridge.k12.pa.us](mailto:beyth@ambridge.k12.pa.us)  
Questions? Please call 724.266.2833 ext. 1203[MR1]