



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

2020-2021 PRIVATE SCHOOL TRANSPORTATION REQUEST

Date: _____

School Year transportation is requested for: _____

First Name

Middle

Last

Address

Age _____ D.O.B. _____ Grade _____

Name of Private School: _____

Address of Private School: _____

Please indicate what you are requesting:

- AM Rider to school ONLY
- PM Rider home from school ONLY
- AM/PM Rider to school and home from school
- N/A My child will not be riding the bus

Parent Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone Number: _____

Signature of Parent: _____

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

PLEASE COMPLETE THIS FORM AND RETURN TO THE TRANSPORTATION OFFICE @ alucatoro@ambridge.k12.pa.us.
Questions? Please call Meg Rabold @ 724.266.2833 ext. 2380.