

AASD CHILD CUSTODY/TRANSPORTATION FORM

Student Name _____

School Attending _____ Grade _____

1ST FAMILY INFO

Parent / Guardian Name(s) _____

Your relationship to student _____

Address _____

Telephone Number _____

Email Address _____

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

2ND FAMILY INFO

Parent / Guardian Name(s) _____

Your relationship to student _____

Address _____

Telephone Number _____

Email Address _____

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

Explain Custody Agreement:

FORM COMPLETED BY:

Print Name _____

Signature _____ Date _____

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