

ABINGTON PUBLIC SCHOOLS TRANSPORTATION

DISTANCE APPEAL FORM

Please recheck the eligibility of the following address for bus transportation at town expense to the school(s) indicated:

Name of Parent/Guardian: _____

Address: _____

Home Tel#: _____ Work Tel#: _____ Date: _____

Student's Name: _____ School: _____ Grade: _____
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Student's Name: _____ School: _____ Grade: _____
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Student's Name: _____ School: _____ Grade: _____
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Student's Name: _____ School: _____ Grade: _____
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MUST be submitted on or before July 1, to: Office of the Superintendent
Abington Public Schools
Bus Transportation
1071 Washington Street
Abington, MA 02351

IMPORTANT: No appeals will be accepted after July 1.