

Highlands School District

1500 Pacific Avenue, P.O. Box 288 Natrona Heights, PA 15065

Phone: 724-226-2400 Fax: 724-226-8437

www.goldenrams.com

STUDENT TRANSPORTATION

Please complete applicable section with accura	ate contact information.	
STUDENT NAME	FIRST	M
GRADE STUDENT ID	#	
ADDRESSSTREET, R.D., BOX	CITY	ZIP CODE
PARENT/GUARDIAN PHONE	EMAIL	
IF STUDENT REQUIRES TRANSPORTA (such as daycare, grandparent, etc.) PI AM Address PM Address	LEASE INDICATE HERE:	
	assignment will be scheduled for your cation to and from school on a daily basis	
Please list anything else that we should	be aware of regarding your child's t	ransportation:
STUDENT'S EMERGENCY CONTACT	TS FOR TRANSPORTATION PURF	POSES:
NAME	PHONE	
NAME	PHONE	

RETURN FORM BY AUGUST 1 to Kim Hines, Transportation Secretary khines@goldenrams.com