

Carbondale Area School District

Transportation Form

2024-2025

Transportation arrangements will need to be made for the following grade(s)/club for the Carbondale Area School District.

Grade(s)/Club: _____

Contact Person(s): _____

Phone #: _____

Transportation Location: _____

Address: _____

Date: _____

Time Requested: _____ Return Time: _____

Number of Buses/Vans: _____

Cost of Bus(es)/Van(s): _____

Responsible Party for
Payment (PTA/Club/District): _____

Student Activity Sheet Attached: **Yes or NO**

Superintendent Approval Date: _____

Please fax this form to Kim Michalek or Faith Ann Farber at 570-282-6988.

Thank you!