



## TRANSPORTATION INFORMATION FORM

Transportation Director: 419-499-3000 ext: 1018

**Please do not fill out Please do not fill out this form if you are within the one-mile limit.**

Student Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Pick Up Address: \_\_\_\_\_

Drop Off Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have an IEP with the school of attendance? \_\_\_\_\_

Does your child have any special health care needs that could arise during transportation? (Please list anything that could prepare us for emergencies)

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following information must meet the following criteria to provide transportation: \*The address listed above must be within the school districts attendance boundary \*the bus stops must be for all five days a week \*the bus stops must be existing stops on the bus run \*the desired bus stops cannot be over load capacity \*the stop is not in effect until parents have been notified by school personnel.