

Transportation Form 2024-2025 School Year



Student ID Number: _____

Student's Legal Name: _____ Grade: _____
Last First Middle

Home Address: _____
Street City State Zip Code

School: _____ Home Phone: _____

Date of Birth: ___/___/___ Place of Birth: _____ Sex: M ___ F ___

Ethnicity:

- White
 Black
 Hispanic
 Asian/Pacific Islander
 Multiracial
 American Native

Student Lives With: *(Check All that apply)*

- Both Parents
 Mother
 Father
 Grandparent(s)
 Stepmother
 Stepfather
 Foster Parent(s)
 Other _____
Specify

Previous School Attended: _____
School Name

Parent Information

Mother: _____
Last First

Phone: Home: _____ Cell: _____ Work: _____

Father: _____
Last First

Phone: Home: _____ Cell: _____ Work: _____

Emergency Contact Name: _____
Last First

Home Address: _____
Street City State Zip Code

Phone: Home: _____ Cell: _____ Work: _____

*** Attach proof of residency. Needs to be within the last 60 days.**

****Must live over two (2) miles from the school to qualify for transportation, ORC 3327-01**

Medical Alert Driver Should Know: _____

Parent/Guardian: _____ Email: _____
Print

Parent/Guardian Signature: _____ Date: _____

Transportation Use ONLY

Student ID: _____ Entered into Software: _____ Notified: <input type="checkbox"/> Parent <input type="checkbox"/> Driver <input type="checkbox"/> School Initials: _____	List any pre-approved transportation requests below: _____ _____ _____
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