

# Delphos City Schools

## Bus Form 2022-23 School Year

Form must be completed 48 hours prior to riding

Student Name	DOB	School	Grade

HOME ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

\_\_\_\_\_ 1. My child(ren) will be riding the bus **TO SCHOOL**

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

This address belongs to Grandparent \_\_\_\_\_ Babysitter \_\_\_\_\_

Contact information for this address: \_\_\_\_\_

Phone: \_\_\_\_\_

Student(s) will ride on MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THUR \_\_\_\_\_ FRI \_\_\_\_\_

\_\_\_\_\_ 2. My child(ren) will be riding the bus **FROM SCHOOL**

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

This address belongs to Grandparent \_\_\_\_\_ Babysitter \_\_\_\_\_

Contact information for this address: \_\_\_\_\_

Phone: \_\_\_\_\_

Student(s) will ride on MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THUR \_\_\_\_\_ FRI \_\_\_\_\_

\_\_\_\_\_ 3. Shuttle **MIDDLE SCHOOL TO HIGH SCHOOL** before school

\_\_\_\_\_ 4. Shuttle **FRANKLIN TO MIDDLE SCHOOL** after school

\_\_\_\_\_ 5. Shuttle **HIGH SCHOOL TO MIDDLE SCHOOL** after school

\_\_\_\_\_ 6. **VANTAGE BUS** to and from school

\_\_\_\_\_ 7. **ESC Building in Lima** to and from school

MEDICAL/ALLERGIES: \_\_\_\_\_

**\*\* YOU ARE RESPONSIBLE FOR NOTIFYING THE SCHOOL PRIOR TO ANY CHANGES!!**

\*\*\*\*\*

Office use: Bus # \_\_\_\_\_

Driver: \_\_\_\_\_