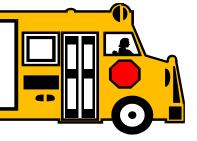


BLUFFTON EXEMPTED VILLAGE SCHOOL'S **BUS TRANSPORTATION**

116 S. Jackson St. Bluffton, OH 45817 (419)358-7961



ONLY COMPLETE FORM IF YOU ARE REQUESTING BUS TRANSPORTATION:

Student's Name:			Grade:	
Parent's Name:				
Home Phone#	Cell #	Work #	Work #	
Home Address:		City:	Zip:	
*********	******	******	*******	
Pick-up Information:	Pick Up @		Pick Up @ Child Care:	
Date Effective:		e will Complete)	Bus # Time: (Office will Complete)	
Check the appropriate box: Pick up at Home (See Address above)	OR Pick up at child	care provider OR	I will bring my child to school	
Information of Child Care Provide	r : Name:			
	Address: _			
***********	 *************************		*******	
Drop off Information:		Orop Off @Home: Bus # (Office will Complete)	Drop Off @ Child Care: Bus # (Office will Complete)	
Date Effective:	_			
Check the appropriate box: Drop Off at Home (See Address above)	OR Drop Off at child	care provider OR	I will pick my child up at school	
Information of Child Care Provider:	r: Name:			
	Address: _			
	Phone#:			
Note:				
 Date		Parent's Signature		