

Delphos City Schools

BUS FORM

2023-24 School Year

Form must be completed at least 48 hours prior to riding

Student Name	DOB	Bldg Attending	Grade	Previous Rider		Check here if New Rider
				Bus #	Bus Stop # if in town stop	

Student Home Address: _____

Parent Name: _____ Phone #1: _____ Phone #2 _____

_____ 1. My child(ren) will be riding the bus **TO SCHOOL** from the (if different from home address)

Address: _____

This address belongs to: Grandparents _____ Babysitter _____

Contact Person at this address: _____ Phone: _____

They will be riding on the following days: Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____

_____ 2. My child(ren) will be riding the bus **FROM SCHOOL** to the (if different from home address)

Address: _____

This address belongs to: Grandparents _____ Babysitter _____

Contact Person at this address: _____ Phone: _____

They will be riding on the following days: Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____

_____ 3. My child(ren) will ride the shuttle bus from **FRANKLIN to the MIDDLE SCHOOL after school.**

Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____

_____ 4. My child(ren) will ride the shuttle bus from **MIDDLE SCHOOL TO THE HIGH SCHOOL in the mornings.**

Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____

_____ 5. My child(ren) will ride the shuttle bus from the **HIGH SCHOOL TO THE MIDDLE SCHOOL after school.**

Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____

_____ 6. My child(ren) will be riding the **Vantage Bus** to and from school.

Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____

_____ 7. My child(ren) will be riding to the **ESC Building in Lima** to and from school.

Parents are responsible for notifying the school of any changes.

Medical conditions or special instructions for bus driver: _____

Parent Signature: _____ Date: _____

NOTE: It is your responsibility to notify your bus driver and your child's building of any changes.

For office use only: Bus #: _____ Driver: _____