STRUTHERS CITY SCHOOLS TRANSPORTATION FORM – SCHOOL YEAR 2021-22

STUDENT'S NAM	E (AS SHOWN ON BIRTH	GENDER	GENDER DA ⁻			
			MALE FEMALE	/	1	
Last	First	Middle	Circle One		<i>J</i>	
STUDENT'S RESID	ENTIAL ADDRESS					
	Address		City	ST 2	Zip	
	Address		City	31 2	-1ρ	
PARENT/GUARDI	AN INFORMATION					
NANAE	CELL		WORK II			
NAME:	CELI	_#	WORK #	RELATION	ISHID	
NAME:	CELI	_#	WORK#	RELATION	31111	
				RELATION	ISHIP	
NAME:	CELI	_#	WORK #			
				RELATION	ISHIP	
I AM REQUEST	ING TRANSPORTATI	ON FOR MY CHILD	LISTED ABOVE AS FOLL	OWS.		
TO SCHOOL	ING TRANSPORTATI	ON TON WIT CHILL	LISTED ABOVE ASTOLE	.OV5.		
PICK UP AT (CIRC	LE ONE) RESIDENCE	ALTERNAT	ALTERNATE LOCATION (ENTER INFORMATION BELOW)			
NAME	PHONE NUMBER		ADDRESS			
IVAIVIE	PHONE NOWIBER		ADDNESS			
FROM SCHOOL						
DROP OFF AT (CII	RCLE ONE) RESIDENCE	ALTERNAT	E LOCATION (ENTER INFORM	MATION BELO	<i>N</i>)	
NAME	PHONE NUMBER		ADDRESS			
	TD 4 1/0D 0 = 1	TION CHIESE 12:55 2-	TERMANIE ELICIPII ITV			
TRANSPORTATION GUIDELINES DETERMINE ELIGIBILITY COMPLETION OF THIS FORM DOES NOT GUARANTEE TRANSPORTATION FOR YOUR CHILD						
I certify that the information provided above is accurate and complete:						
 Parent/Guardian sign	nature		Date			
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