Mason City Schools Transportation

(Non-Public Students)

School _____

School Year _____

Purpose:
To enable parents/guardians:

1. To provide mandatory Parental / Emergency Medical information for the beginning of the new school year.
2. To verify student's transportation schedule for this school year.

Are you a resident of the Mason City School District? Yes or No
If no, are you an employee of the Mason City School District? Yes or No

Student Name: _____
First Middle Last

Preferred Name _____ Grade ____ Kindergarten (circle session attending): **AM PM**

Date of Birth: _____ **Circle one**: Male Female

Home Address_____
Street City Zip

Home Phone (_____) _____

Allergies and/or Specific Health Considerations: _____
_____
_____

Other siblings in the district:

Name	Grade	KG Session	Name	Grade	KG Session
_____	_____	AM PM	_____	_____	AM PM
_____	_____	AM PM	_____	_____	AM PM

Transportation Schedule: _____ Wheelchair Transportation _____ Seatbelt / Harness (if stated in the IEP)

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
PICK UP / DROP OFF LOCATION:	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
HOME										
CAREGIVER (please list address/phone):										
	DO NOT WRITE IN SHADED AREAS									
SHARED PARENTING:										
MOTHER										
FATHER										
CALENDAR ATTACHED										
WALKER / CAR RIDER										

Caregiver Information:

Name: _____ Phone: (_____) _____

Address: _____ Cell Phone: (_____) _____

Parent Information:

Status of parents (circle one): Married Divorced Widowed Separated Single/Never Married

If divorced, who has legal custody? Mother or Father

Is there a legal custody order that applies to this child? Yes or No

If yes, please give details:

_____

_____

Father/Guardian:

Name: _____

Address: _____

_____

Home Phone: (____) _____

Cell / Pager: (____) _____

Email: _____

Place of Employment: _____

Business Phone: (____) _____

Step-Mother (if applicable): _____

Work Phone: (____) _____

Cell / Pager: (____) _____

Mother/Guardian:

Name: _____

Address: _____

_____

Home Phone: (____) _____

Cell / Pager: (____) _____

Email: _____

Place of Employment: _____

Business Phone: _____

Step-Father (if applicable): _____

Work Phone: (____) _____

Cell / Pager: (____) _____

Emergency Contacts (if parent/guardian cannot be reached):

Name: _____ Relationship: _____ Phone: _____ Cell: _____

Name: _____ Relationship: _____ Phone: _____ Cell: _____

Name: _____ Relationship: _____ Phone: _____ Cell: _____

I, the undersigned, do hereby state and declare under penalty of falsification (*) that I am the parent or legal guardian of the above named student and that this registration information is true and correct.

_____ _____

Parent / Guardian Signature Date

(*) Falsification under Ohio Revised Code section 2921.13 is a misdemeanor of the first degree punishable by a maximum of six (6) months imprisonment or a fine of $1,000 or both.

Requested information is mandated under Senate ORC Bill 140 and Education Management Information Systems (Sections 3301-0714).