



**WCS ENROLLMENT CENTER**  
OhioHealth Medical Building  
300 Polaris Parkway, Suite 280 Westerville, Ohio 43082

NPS Building Code \_\_\_\_\_

Student ID# \_\_\_\_\_

PIL

**Private/Parochial/Charter/Community School Student Transportation Information Form**  
**2024-25 School Year - DEADLINE FRIDAY, June 14, 2024**

**Student Information ONLY**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

**2024-25 Grade Level:** \_\_\_\_\_ Parent's Primary Contact Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ **BEST** email for communication: \_\_\_\_\_ @ \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (circle one): Male Female

Birthplace City / State: \_\_\_\_\_ / \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Is this student Hispanic/Latino? (circle one): Yes No

*The Hispanic/Latino part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following to indicate what you consider your race to be.*

What is the student's race? (please check all that apply):

- American Indian or Alaska Native (I)
- Asian (A)
- Black or African American (B)
- Native Hawaiian or Other Pacific Islander (P)
- White (W)

**School of Attendance for 2024-25** \_\_\_\_\_

School Address \_\_\_\_\_

**Name of Last School Attended 2023-24** \_\_\_\_\_

Complete Address of Last School Attended \_\_\_\_\_

Has your child ever been enrolled in a Westerville City School? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the name of that school(s): \_\_\_\_\_

Has your student ever been expelled from Westerville City Schools? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you receive school bus service during the **2023-24 school year** from Westerville City Schools? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Are you requesting transportation services for the 2024-25 school year?** Yes \_\_\_\_\_ No \_\_\_\_\_

If **YES**, please choose: AM \_\_\_\_\_ PM \_\_\_\_\_ BOTH \_\_\_\_\_

FOR EC OFFICE USE ONLY

Registration Date: \_\_\_\_\_ Time: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Bldg: \_\_\_\_\_

Registrar: \_\_\_\_\_

ES: \_\_\_\_\_ MS: \_\_\_\_\_ HS: \_\_\_\_\_ SUB: \_\_\_\_\_

# Parent/Legal Guardian Information ONLY

**Parent/Legal Guardian 1:** .....

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Employer Name: \_\_\_\_\_

**Parent/Legal Guardian 2:** .....

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Is student court-placed or in foster care? (circle one): Yes No (if yes, please provide documentation)

At the time of the birth of this child, biological parents were: \_\_\_ single \_\_\_ married \_\_\_ separated \_\_\_ divorced \_\_\_ other

Current marital status of biological parents: \_\_\_ single \_\_\_ married \_\_\_ separated \_\_\_ divorced

*(Section 3313.672 of the Ohio Revised Code requires, at the time of admission of a student to a public school district whose parents are divorced or the subject of a dissolution, that the "residential parent" file a certified copy of the divorce or dissolution decree or order allocating parental rights and responsibilities and designating a residential parent and legal custodian. A certified copy may be obtained from the clerk of the court that issued the decree or order. The residential parent and legal custodian also must file any modification of any order or decree affecting the allocation of parental rights or the designation of residential parent and legal custodian.)*

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** Please list two additional (2) local contacts, different from parents/guardians

**Emergency Contact #1:** .....

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Emergency Contact #2:** .....

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Physician Information:** .....

Name: \_\_\_\_\_ Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_