



Transportation Form 2024-2025 School Year

Student ID Number: _____

Student's Legal Name: _____ Grade: _____
Last First Middle

Home Address: _____
Street City State Zip Code

School: _____ Home Phone: _____

Date of Birth: ____/____/____ Place of Birth: _____ Sex: M ___ F ___

Ethnicity:

White Black Hispanic Asian/Pacific Islander Multiracial American Native

Student Lives With: *(Check All that apply)*

Both Parents Mother Father Grandparent(s)
 Stepmother Stepfather Foster Parent(s) Other _____
Specify

Previous School Attended: _____
School Name

Parent Information

Mother: _____
Last First

Phone: Home: _____ Cell: _____ Work: _____

Father: _____
Last First

Phone: Home: _____ Cell: _____ Work: _____

Emergency Contact Name: _____
Last First

Home Address: _____
Street City State Zip Code

Phone: Home: _____ Cell: _____ Work: _____

* Attach proof of residency. Needs to be within the last 60 days.

**Must live over two (2) miles from the school to qualify for transportation, ORC 3327-01

Medical Alert Driver Should Know: _____

Parent/Guardian: _____ Email: _____
Print

Parent/Guardian Signature: _____ Date: _____

Transportation Use ONLY

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|--|--|
| <p>Student ID: _____</p> <p>Entered Into Software: _____</p> <p>Notified: <input type="checkbox"/> Parent <input type="checkbox"/> Driver <input type="checkbox"/> School</p> <p>Initials: _____</p> | <p>List any pre-approved transportation requests below:</p> <p>_____</p> <p>_____</p> <p>_____</p> |
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