

# STRUTHERS CITY SCHOOLS

## TRANSPORTATION FORM – SCHOOL YEAR 2024-25

STUDENT'S NAME (AS SHOWN ON BIRTH CERTIFICATE)			GENDER	DATE
			MALE FEMALE	___/___/___
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Circle One</i>	

STUDENT'S RESIDENTIAL ADDRESS				
<i>Address</i>	<i>City</i>	<i>ST</i>	<i>Zip</i>	

PARENT/GUARDIAN INFORMATION			
NAME:	CELL #	WORK #	
			<i>RELATIONSHIP</i>
NAME:	CELL #	WORK #	
			<i>RELATIONSHIP</i>
NAME:	CELL #	WORK #	
			<i>RELATIONSHIP</i>

**I AM REQUESTING TRANSPORTATION FOR MY CHILD LISTED ABOVE AS FOLLOWS:**

TO SCHOOL		
<u>PICK UP AT AN ALTERNATE LOCATION (ENTER INFORMATION BELOW)</u>		
<i>NAME</i>	<i>PHONE NUMBER</i>	<i>ADDRESS</i>

FROM SCHOOL		
<u>DROP OFF AT AN ALTERNATE LOCATION (ENTER INFORMATION BELOW)</u>		
<i>NAME</i>	<i>PHONE NUMBER</i>	<i>ADDRESS</i>

**TRANSPORTATION GUIDELINES DETERMINE ELIGIBILITY  
 COMPLETION OF THIS FORM DOES NOT GUARANTEE TRANSPORTATION FOR YOUR CHILD  
 THIS IS A ONE TIME CHANGE ONLY AND WILL REMAIN IN EFFECT THROUGH THE END OF THE SCHOOL YEAR**

I certify that the information provided above is accurate and complete:	
<i>Parent/Guardian signature</i>	<i>Date</i>