STRUTHERS CITY SCHOOLS
TRANSPORTATION FORM – SCHOOL YEAR 2025 - 2026

STUDENT'S NAME (AS SHOWN ON BIRTH CERTIICATE			GENDER	DATE
			MALE FEMALE	___/____/____
Last	*First*	*Middle*	*Circle One*	

STUDENT'S RESIDENTIAL ADDRESS			
Address	*City*	*ST*	*Zip*

PARENT/GUARDIAN INFORMATION			
NAME:	CELL #	WORK #	
			RELATIONSHIP
NAME:	CELL #	WORK #	
			RELATIONSHIP
NAME:	CELL #	WORK #	
			RELATIONSHIP

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

TO SCHOOL PICK UP AT (CIRCLE ONE) RESIDENCE ALTERNATE LOCATION (ENTER INFORMATION BELOW)		
NAME	*PHONE NUMBER*	*ADDRESS*

FROM SCHOOL DROP OFF AT (CIRCLE ONE) RESIDENCE ALTERNATE LOCATION (ENTER INFORMATION BELOW)		
NAME	*PHONE NUMBER*	*ADDRESS*

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 signature	*Date*