Delphos City Schools Preschool
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Delphos City Schools Preschool Bus Form

2026-2027 School Year

*****This form is only for your preschool students*****

Form must be completed 48 hours prior to riding

Student Name	DOB	Height & Weight	Grade
			Preschool
			Preschool
			Preschool

YOU ARE RESPONSIBLE FOR NOTIFYING THE SCHOOL PRIOR TO ANY CHANGES

Home Address: _____

Parent Name: _____

Phone #1: _____ Phone #2: _____

_____ 1. My child(ren) will be riding the bus **TO SCHOOL**

Address: _____
This address belongs to: grandparent ____ babysitter ____
Contact information for this address: _____
Phone: _____
Student(s) will ride on Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

_____ 2. My child(ren) will be riding the bus **FROM SCHOOL**

Address: _____
This address belongs to: grandparent ____ babysitter ____
Contact information for this address: _____
Phone: _____
Student(s) will ride on Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

_____ 3. My child(ren) will **NOT** be riding the bus

MEDICAL/ALLERGIES: _____

Will your child need any help getting on or off the bus? If yes, please explain what kind of help will be needed. _____
_____

Office Use: Bus # _____ Driver: _____