

STRUTHERS CITY SCHOOLS
TRANSPORTATION FORM – SCHOOL YEAR 2026 - 2027

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 #	
NAME:	CELL #	WORK #	RELATIONSHIP
NAME:	CELL #	WORK #	RELATIONSHIP
			RELATIONSHIP

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

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

FROM SCHOOL		
<u>DROP OFF AT (CIRCLE ONE)</u>	<u>RESIDENCE</u>	<u>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

I certify that the information provided above is accurate and complete:

Parent/Guardian signature *Date*