

## STUDENT TRANSPORTATION REGISTRATION

937-578-6160 Fax: 937-578-6116



Student Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Home Address \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

Primary Parent/Guardian Name \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Secondary Parent/Guardian Name \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

PLEASE INDICATE HOW YOUR STUDENT WILL BE GETTING TO AND FROM SCHOOL:

- Student will be walking or riding bike to and from school.
- Student will need bus transportation to and from school.
- Transportation will be provided to and from school by:
  - Parents/Guardians
  - Other: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**Transportation will consider alternate address/babysitting requests after the 3rd week of school and bus load counts have been determined. Contact transportation regarding an alternate address.**

Name and number to call in case parent/guardian cannot be reached

Special Instructions: (medical, varied schedule, etc.) \_\_\_\_\_

If there are any changes in arrangements – Please contact your child's building and  
**IT IS YOUR RESPONSIBILITY TO NOTIFY THE TRANSPORTATION OFFICE.**

**NOTE: Intra district transfers do not qualify for school bus transportation.**