



4970 Davidson Road, Hilliard, Ohio 43026
614-921-4700 / fax 614-921-4701

PRIVATE SCHOOL TRANSPORTATION REQUEST

NEW STUDENT _____ CHANGE _____

SCHOOL _____ EFFECTIVE DATE _____

STUDENT INFORMATION:

LAST NAME _____ FIRST NAME _____ MI _____
DATE OF BIRTH _____ SEX _____ GRADE _____
HOME ADDRESS _____
CITY _____ SUBDIVISION _____ ZIP _____

PARENT/GUARDIAN INFORMATION:

MOTHER/GUARDIAN NAME _____ HOME PHONE _____
HOME ADDRESS (IF DIFFERENT FROM STUDENT): _____
WORK PHONE _____ CELL PHONE _____
FATHER/GUARDIAN NAME _____ HOME PHONE _____
HOME ADDRESS (IF DIFFERENT FROM STUDENT): _____
WORK PHONE _____ CELL PHONE _____

OTHER CONTACT INFORMATION:

EMERGENCY CONTACT _____ PHONE _____
SITTER NAME _____ PHONE _____
ADDRESS _____
CITY _____ SUBDIVISION _____ ZIP _____

PICK-UP OR DROP-OFF REQUEST IF OTHER THAN HOME NEIGHBORHOOD:

PICK-UP AT _____ DROP-OFF AT _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

BUS STOP:

PICK-UP _____ TIME _____ BUS # _____
DROP-OFF _____ TIME _____ BUS # _____

NOTIFICATION:

DATE _____ INITIALS _____ SCHOOL _____ DRIVER _____ PARENT _____
ATTENDANCE BOUNDARY _____ VERIFICATION _____