



STUDENT TRANSPORTATION REQUEST

Parent will transport <input type="checkbox"/> Daycare will transport <input type="checkbox"/> School REQUESTED to attend through Intra-District _____ not yet approved or denied Date student is starting _____

Complete ONE FORM for each student. In most cases, this form requires a minimum of three (3) days to be processed by the Director of Transportation. Incomplete or incorrect forms can cause a delay in processing.

Home School:

BG High School <input type="checkbox"/>	BG Middle School <input type="checkbox"/>	Conneaut <input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
Penta Career Center <input type="checkbox"/>	St. Aloysius <input type="checkbox"/>	Crim <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>		
Preschool <input type="checkbox"/>	St. Louis <input type="checkbox"/>	Kenwood <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	
Montessori <input type="checkbox"/>	BGCA <input type="checkbox"/>	Other _____	KDG <input type="checkbox"/>				

Program:	Woodlane <input type="checkbox"/>	CRC/PATHe <input type="checkbox"/>	PSAM <input type="checkbox"/>	PSPM <input type="checkbox"/>
Other _____			Male <input type="checkbox"/>	Female <input type="checkbox"/>

Student Legal Name _____
FIRST MIDDLE LAST

Preferred Name: _____ Date of Birth: ____ / ____ / ____
IF BLANK, STUDENT WILL BE CALLED BY FIRST NAME AS ABOVE

Student: Allergies/Medical/Other Considerations _____

Is Student on an IEP? Yes No If yes please answer the following questions:
 Does Child require a wheelchair lift? Yes No Does student require a safety vest/harness? Yes No

Student resides with: Father and Mother <input type="checkbox"/> Father/Guardian Only <input type="checkbox"/> Mother/Guardian Only <input type="checkbox"/> If a custody order or shared parenting agreement is in effect, it must be attached to this form.
--

Father/Guardian: Name: _____ Address: _____ Home Phone: (_____) _____ Cell Phone: (_____) _____ Email: _____ Employer: _____ Work Phone: (_____) _____ Step-Parent: (if applicable): _____ Work: (_____) _____ Cell: (_____) _____	Mother/Guardian: Name: _____ Address: _____ Home Phone: (_____) _____ Cell Phone: (_____) _____ Email: _____ Employer: _____ Work Phone: (_____) _____ Step-Parent: (if applicable): _____ Work: (_____) _____ Cell: (_____) _____
--	--

I am requesting transportation service to and from the address(es) identified above. I agree to instruct the above student about the rules for school transportation before they begin riding the bus, per the accompanying pamphlet, and I understand this student may be suspended from riding the bus for the failure to follow all applicable rules, and laws at the local, state, and federal levels.

Parent/Guardian Signature _____ Date _____