

# BIG WALNUT

## LOCAL SCHOOL DISTRICT

### DELAWARE AREA CAREER CENTER TRANSPORTATION REQUEST

Dear Parent or Guardian:

Please provide the following information to assist us with the safe transportation of your student. If there are any changes to the following information during the school year, please contact the Transportation Department (740-965-8967) or fax changes to (740) 965-8984. All changes must be received in writing before implementation. **Please allow 3 business days notice for changes to take place.**

New Student       Change of information       Other \_\_\_\_\_

My child will attend:  North Campus     South Campus     AM     PM     All Day

#### STUDENT INFORMATION

School: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

City/Zip: \_\_\_\_\_ Subdivision (if applicable): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

#### TRANSPORTATION INFORMATION

Will provide own transportation, no school bus transportation required

Address if other than home:     Pick-up     Drop-off     Both

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone# \_\_\_\_\_

Address if other than home:     Pick-up     Drop-off     Both

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

#### MEDICAL OR MEDICATION INFORMATION

Personal medical history is kept in the building principal's office. We are asking that you fill out any medical or medication information your child's bus driver should be aware of. This information will be kept confidential and used only for the safety and welfare of your student during transportation by the Big Walnut Schools.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_