

# BIG WALNUT

## LOCAL SCHOOL DISTRICT

### 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). All changes must be received in writing before implementation. **Please allow 3 business days notice for changes to take place.**

New Student \_\_\_\_\_ Transfer within district \_\_\_\_\_ Change of information \_\_\_\_\_ Other \_\_\_\_\_

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

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

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

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

#### My child will need transportation to/from a shared parenting address:

Pick-up Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Drop-off Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

#### My child will need transportation to/from a childcare provider:

Pick-up Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Drop-off 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.

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