

BIG WALNUT LOCAL SCHOOL DISTRICT

P.O. Box 218, 70 Walnut Street, Galena, Ohio 43021 740-965-3010

OUT OF DISTRICT STUDENT INFORMATION AND TRANSPORTATION REQUEST FORM

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. To establish transportation for next school year, please submit the following information to the Big Walnut Transportation Department no later than the end of May.**

Existing Student New Student Change of Information Withdrawal

School: _____ Effective Date: _____

Student Name: _____ Date of Birth: ___/___/___ Sex: ___ Grade: ___

Home Address: _____ City: _____ Phone: (____) _____

If moving, new address: _____ City: _____ Phone: (____) _____

Mother's Name: _____ Phone: (work) _____ (cell) _____

Father's Name: _____ Phone: (work) _____ (cell) _____

Mother's Place of Employment: _____ Phone: _____

Father's Place of Employment: _____ Phone: _____

Emergency Contact Person(s): _____ Relationship: _____ Phone: _____

My student needs transportation for: AM Mid-Day PM All

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: _____

Office Use Only

Driver: _____ Bus #: _____ School District: _____ Date: _____