

## Transportation Department 117 N Kintner Parkway • Sunbury, OH 43074 • 740.965.8967

## **OUT OF DISTRICT STUDENT INFORMATION AND TRANSPORTATION REQUEST FORM**

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, <u>please contact the Transportation Department 740-965-8967</u>. 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 July 15th.

| School:   | Effec                          | etive Date:   |
|---|--------------------------------|---|
| Student Name:   |                                |   |
| Home Address:   | City:                          | Phone: ()   |
| If moving, new address:   | City:                          | Phone: ()   |
| Mother's Name:  | Phone: (cell)                  |   |
| Father's Name:  | Phone: (cell)                  |   |
|   | Phone: (work)                  |   |
| Father's Place of Employment:   | Phone: (work)                  |   |
| 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:   | □ Drop-off □ Both              |   |
| Address:  | City:                          | Zip:  |
| Contact Person:   | Phone#:                        |   |
| MEDICA  Personal medical history is kept in the buildi medication information your child's bus driver only for the safety and welfare of your student d | should be aware of. This infor | asking that you fill out any medical mation will be kept confidential and use |
| Parent/Guardian Signature   |                                | Date:   |
|   | Office Use Only                |   |
| Driver: Bus #:  | School District:               | Date:   |