
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.

Parent/Guardian Signature _____ Date: _____