



TRANSPORTATION DEPARTMENT

117 N. Kintner Pkwy
Sunbury, Ohio 43074
740.965.8967
www.bwls.net

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: AM Only PM Only 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: _____
