

TRANSPORTATION DEPARTMENT

117 N. Kintner Pkwy Sunbury, Ohio 43074 740.965.8967

www.bwls.net

OUT OF DISTRICT STUDENT INFORMATION TRANSPORTATION REQUEST

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</u>

<u>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.

\square New Student $ \square$ Transfer v	within district 🗆	Change of inforn	mation	☐ Other:		
School: Effective Date:						
Student Name:		Date of Bir	rth:	//_	Sex:	Grade:
Home Address:		City:		Phone: ()	
If moving, new address:		City:		Phone: ()	
Mother's Name:			Phone:	(cell)		
Father's Name:			Phone:	(cell)		
Mother's Place of Employmen	t:		Phone:	(work)		
Father's Place of Employment:	:		Phone:	(work)		
Father's Place of Employment: Emergency Contact Person(s):		Relationship	o:		Phone:	
My student needs transportation	on for: 🛮 AM 🖺 N	Mid-Day □ PM □Al			_	
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 MEDIC Personal medical history is ker or medication information you confidential and used only for Schools.	ot in the building or child's bus driv	ı principal's office. ver should be awa	re of. Th	is informat	ion will b	oe kept
Parent/Guardian Signature: _				[Date:	
	FOR	R OFFICE USE ON	ILY			
Driver:	Bus: Scho	ool District:		D	ate:	
	II.	JSPIRE & GILIDE				