



TRANSPORTATION DEPARTMENT

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

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 at 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: _____

TO/FROM A SHARED PARENTING ADDRESS:

Pick-up Address: _____

City, ZIP: _____

Drop-off Address: _____

City, ZIP: _____

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: _____