DELAWARE CITY SCHOOLS TRANSPORTATION REQUEST FORM FOR STUDENTS

Office Use

(5)	Bus No	School		
*	Grade #All Day/F			
±	Eff. Date			
Dear Parent or Guardian,				
Please provide the following information to assist us with t	he safe transportati	on of your stud	ent.	
If there are any changes in drop-off, pick-up, or home a student attends for a BUS PASS, which authorizes the cha	ddress during the anges you request.	school year, p	lease contac	ct the school your
Resident students are normally eligible for transportation school they are assigned to attend. Children living within not eligible for transportation.	when living beyon the one (1) mile a	d one (1) mile are in the walkin	in the attening limits of the	dance area of the he school and are
Student Name		M,I	Grade	
Last				
Home Address	Ho	me Phone		
Bus pick-up address if other than home address:		_ Phone/Cell_		<u> </u>
Bus drop-off address if other than home address:		Phone/Cell		
Date of Birth				
Parents or Guardian				
Parents or Guardian Mother's Place of Employment				<u> </u>
· · · · · · · · · · · · · · · · · · ·	Phor	ne/Cell		
Mother's Place of Employment	Phon	ne/Cell		
Mother's Place of Employment Father's Place of Employment	Phon	ne/Cell e/Cell Phone/Ce		
Mother's Place of Employment Father's Place of Employment Person(s) other than parents to call in an emergency	Phon Phon DICATION INFORM	ne/Cell e/Cell Phone/Ce MATION concerning you	IIr student. T	his information will
Mother's Place of Employment Father's Place of Employment Person(s) other than parents to call in an emergency MEDICAL OR MEI Our driver needs to be informed of any medical or medical be kept confidential and used only for the safety and we	Phore	ne/Cell e/Cell Phone/Ce MATION concerning you	IIr student. T	his information will
Mother's Place of Employment Father's Place of Employment Person(s) other than parents to call in an emergency MEDICAL OR MEI Our driver needs to be informed of any medical or medical be kept confidential and used only for the safety and we Schools.	Phore	ne/CellPhone/Ce MATION concerning you ent during trans	r student. T	his information will
Mother's Place of Employment Father's Place of Employment Person(s) other than parents to call in an emergency MEDICAL OR MEI Our driver needs to be informed of any medical or medical be kept confidential and used only for the safety and we Schools. Is medical or medication information needed for about	Phore	ne/CellPhone/Ce MATION concerning you ent during trans	r student. T sportation by	his information will
Father's Place of Employment Person(s) other than parents to call in an emergency MEDICAL OR MEI Our driver needs to be informed of any medical or medical be kept confidential and used only for the safety and we Schools. Is medical or medication information needed for about 1 yes, has the information been provided in writing to	Phore	ne/Cell e/Cell Phone/Ce MATION concerning you ent during trans hild attends?	r student. Traportation by Yes Yes Yes	This information will the Delaware City No No No