



## PRIVATE / PAROCHIAL SCHOOL TRANSPORTATION REQUEST

*This form must be completed and submitted to Forest Hills annually. Please complete a separate form for each student. Return completed forms to the FHSD Transportation Department by the end of June each school year: 7600 Forest Road, Cincinnati, Ohio 45255 \* Fax: 513-231-2139 \* richardporter@foresthills.edu*

*If transportation services are not utilized for more than two consecutive weeks, students will be removed from route(s). If there are extenuating circumstances, please contact the Transportation Department at 231-3335.*

School Name \_\_\_\_\_ School Year \_\_\_\_\_

Student Name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Will Your Student Ride The Bus To School?  Yes  No

Will Your Student Ride The Bus Home From School?  Yes  No

### RESIDENTIAL PARENT OR GUARDIAN INFORMATION

Residential Parent or Guardian Name	Home Phone	Cell Phone	Work Phone	Email Address

### EMERGENCY CONTACT INFORMATION

Emergency Contact Name	Home Phone	Cell Phone	Work Phone	Email Address

### HEALTH INFORMATION

Does your child have any of the following? Please check all that apply and complete applicable information:

Allergies  Yes  No      If "yes", are they  Mild  Severe

If "yes", list allergies \_\_\_\_\_

If "yes", describe allergic reactions \_\_\_\_\_

If yes, list allergic treatment \_\_\_\_\_

Asthma  Yes  No      If "yes", does the student carry an inhaler?  Yes  No

If "yes", list triggers \_\_\_\_\_

If "yes", list medications \_\_\_\_\_

Diabetes  Yes  No      If "yes",  Type 1  Type 2

Heart Problems  Yes  No

If "yes", describe \_\_\_\_\_

Seizures  Yes  No      If "yes", describe \_\_\_\_\_

Other Health Issues \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_