



Transportation Department
Charleston Administration Center
2350 Pole Avenue, Room 14
Lorain, OH 44052
Tele: (440) 233-2273
Fax: (440) 282-7251

TRANSPORTATION/REGISTRATION FORM

Student's Legal Name: _____ Grade: _____
Last First Middle

Home Address: _____ City/Zip: _____

School _____ Home Phone: () _____

Date of Birth: ____/____/____ Place of Birth: _____ Sex: Male Female

Ethnicity: White Black Hispanic Asian/Pacific Islander Multiracial American Native

Student Lives With: Both Parents Mother Stepmother Grandparent(s)

(Check all that apply) Foster Parent(s) Father Stepfather Other: _____

Previous Lorain School Attended: _____
School Name

PARENT INFORMATION

Mother's Name: _____
Last First

Home Address: _____ Phone: _____

Cell Phone: _____ Work Phone: _____

Father's Name: _____
Last First

Home Address: _____ Phone: _____

Cell Phone: _____ Work Phone: _____