



Transportation Form 2026-2027 School Year

Student Id #: _____

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

Home Address: _____
Street City State Zip Code

Home Phone: _____ Date of Birth: ____/____/____ Sex: M ___ F___

Place of Birth: _____

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

Student Lives With: (Check All that apply) Both Parents Mother Father Stepmother Stepfather

Grandparent(s) Foster Parent(s) Other _____

School: _____

Previous School Attended: _____

Parent/ Guardian Information

Mother: _____ Phone: Home: _____
Last First

Cell: _____ Work: _____

Father: _____ Phone: Home: _____
Last First

Cell: _____ Work: _____

Emergency Contact Name: _____ Phone: _____
Last First

Home Address: _____ Relationship: _____
Street City State Zip Code

Phone: _____ Cell: _____ Work: _____

* Please, Attach proof of residency. Needs to be within the last 60 days. **Must live over two (2) miles from the school to qualify for transportation, (ORC 3327-01)

Medical Alert Driver Should Know: _____

Parent/Guardian: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____

Department of Transportation Official Use:

Entered into Software: _____ Notified: Parent Driver School

List any pre-approved transportation requests: _____