

First Student TRANSPORTATION REQUEST FOR ADDITION/DELETIONS

PLEASE PRINT ALL INFORMATION

SCHOOL ATTENDING: _____
DATE: _____

STUDENT FIRST NAME _____ LAST _____ MI. _____ M _____ F _____

HOME ADDRESS: _____ APT# _____ PHONE _____

DROP/PICKUP ADDRESS: _____ APT# _____ PHONE _____

BIRTHDATE: ____/____/____ AGE: _____ GRADE (CIRCLE ONE) KA KP KG 1 2 3 4 5 6 7 8

FATHER'S NAME: _____ WORK PHONE: _____

MOTHER'S NAME: _____ WORK PHONE: _____
IN CASE OF EMERGENCY WHOM DO WE CONTACT?

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

ON WHAT DATE WOULD YOU LIKE TRANSPORTATION TO START: _____
ON WHAT DATE WOULD YOU LIKE TRANSPORTATION TO END: _____

*****ATTENTION PARENTS/GUARDIANS*****
THIS FORM MUST BE FILLED OUT COMPLETED AND RETURNED TO YOUR SCHOOL OFFICE BEFORE
TRANSPORTATION WILL BE ASSIGNED TO YOUR CHILD. THOSE AREAS WHICH DO NOT APPLY PLEASE INDICATE
WITH N/A. BUS STOPS ARE AT CORNER OF INTERSECTION STREETS. PLEASE ALLOW 3 DAYS FOR
TRANSPORTATION TO BEGIN AFTER FIRST STUDENT TRANSPORTATION RECEIVES THIS
REQUEST

IS STUDENT IN SPECIAL EDUCATIONAL PROGRAM? IF YES CHECK (X) APPROPRIATE PROGRAM BELOW:

VI _____ HI _____ DH _____ LD _____ MH _____ OH _____ SBH _____ SBH-T _____

IS STUDENT CONFINED TO A WHEELCHAIR OR AMBULATORY? CHECK (X) W/C _____ AMBL _____

PARENTS SIGNATURE: _____

FOR TRANSPORTATION USE ONLY

AM BUS _____ PICK UP TIME _____ AT _____

TRANSFER BUS _____ AT _____

MIDDAY BUS _____ PICK UP/DROP OFF TIME IS _____ AT _____

PM BUS _____ DROP OFF TIME _____ AT _____

TRANSFER BUS _____ AT _____

DATE SCHOOL / PARENT NOTIFIED WITH ABOVE INFORMATION: _____
Phone: (440) 284- 8030 Fax: (440) 284-1466

First Student

42242 Albrecht Rd
Elyria, OH, 44035
PHONE: 440-284-8030
FAX: 440-284-1466

ALTERNATE PICK UP AUTHORIZATION

STUDENT NAME: _____

ASSIGNED DROP OFF: _____

PARENT NAME _____

RELATIONSHIP TO CHILD _____

HOME ADDRESS: _____

PARENT CONTACT # _____ SECOND # _____

I HEREBY AUTHORIZE THE BELOW INDIVIDUALS TO PICK UP MY CHILD FROM THEIR BUS STOP. THESE INDIVIDUALS WILL PRESENT IDENTIFICATION TO THE BUS PERSONNEL. IF THE ALTERNATE PERSON IS A MINOR, THE PARENT OR GARDIAN ACCEPTS ALL LIABILITY IF SOMETHING SHOULD HAPPEN TO THE BUS RIDER.

PARENT/GUARDIAN (PRINT): _____

PARENT/GUARDIAN (SIGNATURE): _____ DATE: _____

1) PICK UP PERSON _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP TO CHILD: _____

2) PICK UP PERSON _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP TO CHILD: _____

3) PICK UP PERSON _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP TO CHILD: _____

AUTHORIZATION TO RELEASE WITHOUT AN ADULT

MY CHILD _____, IS ABLE TO BOARD AND DEBOARD THE BUS ALONE. I HEREBY GIVE MY PERMISSION TO FIRST STUDENT TO RELEASE MY CHILD WITHOUT AN ADULT BEING PRESENT, AND WAIVE ALL LIABILITY TO FIRST STUDENT, AND IT'S EMPLOYEES.

PARENT/GUARDIAN (PRINT) _____

PARENT/GUARDIAN (SIGN) _____ DATE: _____