

AUGUST 2018 - JUNE 2019

REQUEST FOR STUDENT TRANSPORTATION

St. Jude School

"Going Above & Beyond"

594 Poplar Street Elyria, Ohio 44035

(440) 366-1681 (Fax):(440) 366-5238

PLEASE CIRCLE THE BUS DISTRICT YOU WILL USE:

Clearview Firelands Keystone Midview Sheffield Vermilion Wellington

PLEASE PRINT ALL INFORMATION:

Student Last Name _____ First Name _____ M _____ F _____
Check one

Complete Address: _____ Apt. # _____

Phone: _____ Birthdate ____/____/____ Age ____ Grade K 1 2 3 4 5 6 7 8

Father's Name: _____ Work Phone _____

Mother's Name: _____ Work Phone _____

IN CASE OF EMERGENCY WHO DO WE CONTACT?

Name: _____ Relationship _____

Address: _____ Phone: _____

On what date would you like transportation to start? _____

On what date would you like transportation to stop? _____

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This form must be filled out completely and returned to your school office. Bus stops are at corners of intersection streets. Please allow 3 days for transportation to begin after appropriate bus garage receives this request.
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Please check:

Will student need transportation: AM _____ PM _____

Kindergarten half day (Elyria ONLY) AM _____ PM _____

Parent signature _____ Date _____

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FOR TRANSPORTATION USE ONLY

AM Bus _____ Pick up time ____ at _____

Transfer Bus _____ at _____

Midday Bus _____ Pick up/drop off time is ____ at _____

PM _____ Drop off time ____ at _____

Transfer Bus _____ at _____

Date parent notified with above information _____