

# Talawanda/Petermann

## Transportation Request Form ( New / Change / Withdrawal )

Parents please fill out this form for transportation request and/or address change and/or child care provider. **A NEW FORM** must be filled out if there are any changes in your child's transportation request. This form will delete any previous transportation request. Please check all information to make sure this is the schedule you need for your child. **Please renew alternative changes annually!**

**Please allow two days after transportation receives this form before the request is filled.**

### Please Print Clearly

Today's Date \_\_\_\_\_

\*\*Student ID # \_\_\_\_\_ \*\*Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F  
School \_\_\_\_\_ Grade \_\_\_\_\_ Pre-K Program (AM or PM) \_\_\_\_\_  
Home Address \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardians' Name \_\_\_\_\_ Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_  
Parent/Guardians' Name \_\_\_\_\_ Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**Note: Students in grades (PK through 2<sup>nd</sup> Grade) must have an adult present for student pickup and drop off, per Talawanda School district policy**

My student(s) will need transportation **Circle one** (AM only) (PM only) (Both AM & PM)

CHECK OPTIONS: New Student  Home Address Change  My student(s) will not need transportation

### **Please Use This Box Only For Alternative Address Requests (Addresses must be in Talawanda School District area)**

#### **AM Pick-Up Location - Must be picked up at this address all 5 days of the week**

Address \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone # \_\_\_\_\_

#### **PM Drop off Location - Must be dropped off at this address all 5 days of the week**

Address \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone # \_\_\_\_\_

Comments: \_\_\_\_\_

### **\*\*Withdrawal\*\***

### **SCHOOL USE ONLY**

If withdrawal, please note new address if in Talawanda District \_\_\_\_\_

Or check box if moved out of District  **\*\* Only Student Name and ID# Required for Withdrawal\*\***

### **TRANSPORTATION USE ONLY**

**Approved**

**Not Approved**

Transportation approved to start on: M T W TH F \_\_\_\_/\_\_\_\_/\_\_\_\_

Bus Number and Times For PU \_\_\_\_ : \_\_\_\_ AM PU Location \_\_\_\_\_

Bus Number and Times For DO \_\_\_\_ : \_\_\_\_ PM DO Location \_\_\_\_\_