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. <u>A NEW FORM</u> 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. <u>Please renew alternative changes annually!</u>

| Please Print Clearly | | | Т | Today's Date | |
|--|---|--|--------------------|-----------------------------|---------------|
| **Student ID # | **Student's Name | | D.O.B. | // | Sex: <u>M</u> |
| School | | | Grade | Pre-K Progran | n (AM or PM |
| Home Address | | | | Zip | |
| Parent/Guardians' Name | 2 | Home Phone# | | Cell# | |
| Parent/Guardians' Name | 2 | Home Phone# | | Cell# | |
| Emergency Contact Nam | e | Phone # | Rel | ationship to Student: | |
| Note: Students in gro Talawanda School dis | des (PK through 2 nd Grad trict policy | le) must have an adult p | resent for student | pickup and drop of | f, per |
| My student(s) wil | need transportation Cir | r <u>cle one</u> (AM only) (F | M only) (Both A | M & PM) | |
| CHECK OPTIONS: N | ew Student 🗌 Ho | ome Address Change |] My student(s) | will not need transp | portation |
| | | ox <u>Only</u> For <u>Alternativ</u> | | | |
| | • | st be in Talawanda Scl | | a) | |
| AM Pick-Up Location | - Must be picked up at | this address all 5 days | - | | |
| \ddross | | | | | |
| | | | | Phone # | |
| Contact Name: | AN OPTION IF THERE IS SI | Relationship to Stud | | Phone # | |
| Contact Name: | | Relationship to Stud | | Phone # | |
| Contact Name: *THIS IS ONLY . | | Relationship to Stud PACE ON THE BUS. | dent: | Phone # | |
| Contact Name: *THIS IS ONLY PM Drop off Location Address | AN OPTION IF THERE IS SI - Must be dropped off | Relationship to Stud PACE ON THE BUS. at this address all 5 de | dent: | | |
| Contact Name: *THIS IS ONLY PM Drop off Location Address | AN OPTION IF THERE IS SI - Must be dropped off | Relationship to Stud PACE ON THE BUS. at this address all 5 de | dent: | | |
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| Contact Name: <u>*THIS IS ONLY</u> <u>PM Drop off Location</u> Address Contact Name: Comments: <u>*THIS IS ONLY</u> **Withdrawal ** If withdrawal, please no Or check box if moved of TRANSPORTATIO Transportation approved | AN OPTION IF THERE IS SI - Must be dropped off AN OPTION IF THERE IS SI te new address if in Talax ut of District | Relationship to Stud PACE ON THE BUS. at this address all 5 da Relationship to Stud PACE ON THE BUS. PACE ON THE BUS. SCHOOL USE ONLY wanda District Only Student Name an oved Not W TH F/ | dent: | Phone # Y Withdrawal** | |
| Contact Name: <u>*THIS IS ONLY</u> PM Drop off Location Address Contact Name: Comments: <u>*THIS IS ONLY</u> **Withdrawal If withdrawal ** If withdrawal, please no Or check box if moved of TRANSPORTATIO Fransportation approved Bus Number and Times I | AN OPTION IF THERE IS SI - Must be dropped off AN OPTION IF THERE IS SI te new address if in Talax but of District ** N USE ONLY Appro- to start on: M T | Relationship to Stud PACE ON THE BUS. at this address all 5 da Relationship to Stud PACE ON THE BUS. PACE ON THE BUS. SCHOOL USE ONLY wanda District Only Student Name an oved Not W TH F/AM PU Location | dent: | Phone # * Withdrawal ** | |

Address: 99 W Chestnut StreetOxford, OH45056Phone (513)273-3150Email back to:Irader@petermannbus.comormsokol@petermannbus.com