

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 E

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 2nd 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 # _____

***THIS IS ONLY AN OPTION IF THERE IS SPACE ON THE BUS.**

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: _____

***THIS IS ONLY AN OPTION IF THERE IS SPACE ON THE BUS.**

****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 _____