## Talawanda / Petermann Transportation Reguest Form

## NEW FORM MUST BE FILLED OUT EVERY YEAR AND IF THERE IS A CHANGE

\*All alternate requests need to be renewed every school year

\*<u>Students in grades PK through 2<sup>nd</sup> must have an adult present for student pick-up and drop-off, per Talawanda School District policy</u>

## Please allow two days after transportation receives this form before the request is filled PLEASE PRINT CLEARLY Today's Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ D.O.B.: \_\_\_\_/ \_\_ Grade: Male/Female School: City/State: \_\_\_\_ Home Address: Zip: \_\_\_\_\_ Parent / Guardian Name: Phone#: Relationship: Parent / Guardian Name: \_\_\_\_\_Phone#: \_\_\_\_\_Relationship: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_Phone #: \_\_\_\_\_Relationship: \_\_\_\_\_ PM only AM & PM \_\_\_\_ No Bus My child will need: AM only \_\_\_\_ AM Pick-Up Location: \_\_\_\_\_ Same every day Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_ \_\_\_\_\_ Same every day PM Drop-Off Location: Contact Name: \_\_\_\_\_ Contact Number: \*IF THIS IS AN ALTERNATE PICK-UP OR DROP-OFF, THIS IS ONLY AN OPTION IF THERE IS SPACE ON THE BUS\* TRANSPORTATION USE ONLY Transportation Approved to Start on: M/T/W/TH/F / / AM: Bus #: \_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ PM: Talked with the Parent: \_\_\_\_\_ Left Message for Parent: \_\_\_\_\_

Petermann 5302 University Park Blvd., Oxford, OH 45056 Phone: 513.273.3150

Email back to: