

# 2018 – 2019 School Year - 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**

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

\*\*Student ID # \_\_\_\_\_ \*\*Student's Name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Sex: M F

School \_\_\_\_\_ Grade \_\_\_\_\_ (KDG – ALLDAY/AM/PM)

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardians' Name \_\_\_\_\_ Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Emergency Contact (other than listed above) Name \_\_\_\_\_ Phone # \_\_\_\_\_

My student(s) **will need** transportation    Circle need **AM** and **PM**     My student(s) **will not need** transportation

**CHECK OPTIONS:**    New Student     Home Address Change     Alternative Address P/U or D/O

### Please Use This Box Only For Alternative Request

**All Alternative Addresses Must Be In The TALAWANDA Attendance Area**

Name of Alternative Provider \_\_\_\_\_ Date Needed \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

AM or Pick-Up Location - Please Circle Days Needed At this Address: M T W TH F

PM or Drop Off Location - Please Circle Days Needed At This Address: M T W TH F

Additional/Medical Information \_\_\_\_\_

### **\*\*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 \_\_\_\_\_

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Alternate Bus and Time PU \_\_\_\_\_ : \_\_\_\_\_ AM    ALT. PU Location \_\_\_\_\_

Alternate Bus and Time DO \_\_\_\_\_ : \_\_\_\_\_ PM    ALT. DO Location \_\_\_\_\_