

## 2017/2018 Student Transportation Update Form

*\*This form must be filled out and faxed to the Transportation Office @ 419-427-5466. The request will be processed within (5) working days and returned with the authorized start date and bus information completed below.*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: (please indicate AM K, PM K, or All day K) \_\_\_\_\_

PARENT NAMES: \_\_\_\_\_

SPECIFY SPECIAL PROGRAM (I.E.P.): \_\_\_\_\_

SPECIAL EQUIPMENT (wheelchair, walker, seat belt or other): \_\_\_\_\_

MEDICAL INFORMATION\* (Include all): \_\_\_\_\_

- \_\_\_\_\_ Student **withdrew** from district
- \_\_\_\_\_ Student **new** to the district
- \_\_\_\_\_ Student **moved** within district:  
Old Address \_\_\_\_\_
- \_\_\_\_\_ Bus service is being requested from home to and from school during the normal hours of the school of attendance.
- \_\_\_\_\_ Bus service is being requested from home to school based on a specific schedule established per an I.E.P.: *or* service requested is during the school day from home to school, school to home or building to building, or other. Please be specific with the instructions and time schedule needs. This student needs the following service:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### This Section to be Completed by the Transportation Department

Bus Service for the above student has been established as follows and can begin on the date indicated:

#### BUS STOP

**\*Circle one:**

AM BUS# \_\_\_\_\_ Crosser/Doorside

PM BUS# \_\_\_\_\_ Crosser/Doorside

NOON BUS# \_\_\_\_\_ Crosser/Doorside

\*Authorized Start Date: \_\_\_\_\_

\*School Secretary will notify parent of bus information