DELAWARE CITY SCHOOLS TRANSPORTATION REQUEST FORM FOR STUDENTS

	Office Use		
	Bus No Scho	ool	
	Grade #All Day/PM/AM (Circle one)	
Dear Parent or Guardian,	Eff. Date Fa	axed Date	
Please provide the following information to assist us with t	ne safe transportation of y	our student.	
If there are any changes in drop-off, pick-up, or home a student attends for a BUS PASS, which authorizes the cha	•	year, please contac	t the school your
Resident students are normally eligible for transportation school they are assigned to attend. Children living within not eligible for transportation.			
Student Name			
Last Firs	t N	I.I Grade	
Home Address	Home Pho	ne	
Bus pick-up address if other than home address:	Pho	ne/Cell	
Bus drop-off address if other than home address:	Phone	/Cell	
<u></u>	:	· • • · · · · · · · · · · · · · · · · ·	
Date of Birth			
·			
Date of Birth			
Date of Birth Parents or Guardian	Phone/Cell_		
Date of Birth Parents or Guardian Mother's Place of Employment	Phone/Cell_ Phone/Cell_		
Date of Birth Parents or Guardian Mother's Place of Employment Father's Place of Employment Person(s) other than parents to call in an emergency	Phone/Cell_ Phone/Cell_	one/Cell	
Date of Birth Parents or Guardian Mother's Place of Employment Father's Place of Employment Person(s) other than parents to call in an emergency	Phone/Cell_Phone/Cell_Phone/Cell_Phone/Cell_Phone/Cell_Phone/Cell_Phone/Cell_Phone	one/Cell	is information will
Date of Birth Parents or Guardian Mother's Place of Employment Father's Place of Employment Person(s) other than parents to call in an emergency MEDICAL OR MED Our driver needs to be informed of any medical or medic be kept confidential and used only for the safety and well	Phone/CellPhone_CellPhone_Cell	one/Cell	is information will
Date of Birth Parents or Guardian Mother's Place of Employment Father's Place of Employment Person(s) other than parents to call in an emergency MEDICAL OR MED Our driver needs to be informed of any medical or medic be kept confidential and used only for the safety and well Schools.	Phone/Cell_	one/Cell ng your student. Th g transportation by t	is information will he Delaware City

If you have not provided the medical information or have additional information for the bus drivers please record or

Date_____

1/07

attach this information on the back of this form.

Parent or Guardian Signature_____