



Department of Transportation

2865 So. 3B's & K Road

Galena, Ohio 43021

740.657.4387 / Fax 740.657.4014

Office Use Only

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Completion Date: \_\_\_\_\_

### 2018-2019 Non-Public Schools Transportation Request Form

The Transportation Office requires the following information in order to process your transportation request:

- 1) One completed transportation form **per child** submitted annually to keep our records updated and accurate.
- 2) Proof of Residency (Lease, Mortgage/Settlement Statement, Tax Bill, Deed, Notarized Residency Affidavit) –required *only* for newly enrolled students or those with an address change.

*Please submit this form and any attachments to [jenifer\\_boling@olsd.us](mailto:jenifer_boling@olsd.us), by mail or fax by June 20th for transportation in 2018-19.*

#### School Attending Information

Requested School: \_\_\_\_\_ Start Date: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

(Circle one) New Student: *Y N*

(Circle one) Change of Information: *Y N*

\*\*\*\*\* PLEASE PRINT LEGIBLY \*\*\*\*\*

Student Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If moving, old address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Subdivision (if applicable): \_\_\_\_\_

Parent/Guardian Name 1: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

#### PLEASE PROVIDE INFORMATION NECESSARY TO TRANSPORT YOUR STUDENT

Allergies: \_\_\_\_\_

Physical Impairment: \_\_\_\_\_

Medical Condition (treatment): \_\_\_\_\_

#### Transportation Requesting:

Is this request for (check one): AM: \_\_\_\_\_ PM: \_\_\_\_\_ Both: \_\_\_\_\_ or No Transportation at this time: \_\_\_\_\_

Please contact transportation if your need should change. Allow 3 business days for your transportation request to be processed. If your child does not ride the bus for three weeks consecutively, the bus stop will be eliminated from the route and a new transportation request form must be submitted.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date