

Edgerton Local Schools Transportation Request Form

Office Use Only:

Date received _____
Bus # _____
Driver Name _____
Date Change #1 _____

Please complete ONE FORM per family. This form MUST be completed before any student rides the bus.

Return to school with your child before school is out, email to jkeppeler@edgertonschools.org, mail or drop off at 111 E. River St., Edgerton, OH 43517.

Please check: PK-12 St. Mary's shuttle
 New Rider Previous Rider(s) on Bus # _____

Last Name _____
Child #1 _____ Grade _____
Child #2 _____ Grade _____
Child #3 _____ Grade _____

Home address _____
Parent/guardian names _____
Phone _____ Cell _____

Name of alternate contact person if parent/guardian cannot be reached _____
Phone _____ Cell _____

My child (ren) will be riding the bus to/from 111 E. River Street or to/from St. Mary's via the bus shuttle.

CHECK ONE of the following designated pick-up addresses:

Home
 Babysitter name _____ Address _____
 Grandparent name _____ Address _____

CHECK ONE of the following designated drop-off addresses:

Home
 Babysitter name _____ Address _____
 Grandparent name _____ Address _____

(Please check all times that apply.)

<u>Morning</u>		<u>Afternoon</u>
_____	Monday	_____
_____	Tuesday	_____
_____	Wednesday	_____
_____	Thursday	_____
_____	Friday	_____

Comments: _____

Special medical information the driver should be aware of: _____

For students in grades Kindergarten through 3rd grade, bus drivers must have a visual contact from an adult at the designated drop-off address or your child(ren) will be returned to the school office at the completion of the bus route.

NOTE: **As the parent/guardian, it is your responsibility** to notify the school district office at 419-298-2112 x1117 as soon as possible should a change in transportation arrangements be needed. You are allowed **ONLY ONE CHANGE** per school year.

Signature Parent/Guardian _____

Date _____