

Wooster City Schools Transportation Request Form

Date: _____ Date Busing To Begin: _____

Student's Last Name: _____ First Name & Middle Initial: _____

Student's Home Address: _____

Parent's Names (First & Last): _____

Home Phone #: _____ Mom's Cell: _____ Emg. Contact Name: _____

Home Phone #: _____ Dad's Cell: _____ Emg. Contact Ph #: _____

School Of Attendance: _____ Grade: _____ Date of Birth: _____

Medical Alert/Concerns: _____

Morning Transportation

- I will be providing my own transportation to school
- My child will attend the before school program - needs no busing
- My child will need busing to school from our home address
- My child will need busing **EVERYDAY** to school from an alternate address

Alternate Address: _____

Child Care Provider: _____

Provider's Name	Phone #	Relationship
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Afternoon Transportation

- I will be providing my own transportation home from school
- My child will attend after school program - needs no busing
- My child will need busing after school to our home address
- My child will need busing **EVERYDAY** after school to an alternate address

Alternate Address: _____

Child Care Provider: _____

Provider's Name	Phone #	Relationship
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Transportation Office Use Only

Bus # and Time for:	Pick-Up:	Drop-Off:
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Stop Location:		
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