Talawanda/Petermann Transportation Request/Change/Withdrawal Form

Parents please fill out this form for transportation request and/or address change and/or child care provider.

A NEW FORM must be filled out if there are any changes in your child's transportation request. This form will delete any previous transportation request. Please check all information to make sure this is the schedule you need for your child.

Please allow two days after transportation receives this form before the request is filled.

Please Print Today's Date _____

**Student ID # _____ **Student's Name _____ D.O.B. ____/_____/_____

School _____ Grade _____ Sex M F

Home Address _____Zip _____

Parent/Guardians' Name _____Home Phone# _____Cell#_____

Emergency Contact (other than listed above) Name_____ Phone # _____

☐ My student(s) **will need** transportation Circle need **AM** and **PM** ☐ My student(s) **will not need** transportation

CHECK OPTIONS: New Student ☐ Home Address Change ☐ Alternative Address P/U or D/O ☐

Please Use This Box *Only* For Alternative Request

All Alternative Addresses Must Be In The TALAWANDA Attendance Area

Name of Alternative Provider _____ Date Needed _____

Address _____Zip_____ Phone #_____

AM or Pick Up Location - Please Circle Days Needed At this Address: M T W TH F

PM or Drop Off Location - Please Circle Days Needed At This Address: M T W TH F

Additional/Medical Information_____

_____

****Withdrawal** ***SCHOOL USE ONLY***

If withdrawal, please note new address if "In Talawanda District" _____

Or check box if moved out of District ☐ **** Student Name and ID# Only Required for Withdrawal**

TRANSPORTATION USE ONLY

Transportation approved to start on: M T W TH F _____/_____/_____

Pick Up Bus Number ____ and Time ____:_____ AM Location _____

Drop Off Bus Number____ and Time ____:_____ PM Location _____

Alternative Address Not Approved At This Time ☐