FINDLAY CITY SCHOOLS STUDENT TRANSPORTATION REGISTRATION

In an effort to make our bus routes more efficient, we are now requiring parents/guardians to request transportation for their student(s). YOU MUST COMPLETE AND RETURN THIS FORM EACH SCHOOL YEAR IN ORDER FOR YOUR STUDENT TO BE PLACED ON A ROUTE. Please complete the form even if your child does not need to ride the school bus.

Current student:	New student:	Student withdrew	:Studer	nt moved:
Student's name:			_ D.0.B:	
Student's Address:				
If student has moved, p	revious address:			
Phone #:		Other	· #:	
Mother's Name:		Father's Name	:	
2018-2019 School:			_ 2018-2019	9 Grade:
Specify IEP Program:		Special Equipment:		
	TRANSPORTATION NI	EEDED: AM PN	и вотн	
	MY CHILD DOES NO	OT NEED TO RIDE THE	SCHOOL BUS	_
Please keep in mind tha	t if your child lives in a de	esignated walk area thi	s form <u>will not</u> over	ride bussing eligibility.
District Information, Tra	r child's school or can be nsportation, Bus Service ure:	Request Form.		ndlaycityschools.org. Click on
Please i	return this form to your s	student's school. You	may also mail or fa	x this form to:
	Findlay City S	Schools- Transportatio 2019 Broad Ave Findlay, OH 45840 419-425-8271 Fax: 419-427-5466	n Department	
7	This Section to be Co	mpleted by the Trar	sportation Depar	rtment
	e above student has be BUS STOP	een established as fo	llows and can beg <u>STOP TIME</u>	in on the date indicated: *Circle one:
AM BUS#				Crosser/Doorside
				Crosser/Doorside
NOON BUS#				Crosser/Doorside
*Authorized_Start Date	9:			

(Please complete one form for each student)

^{*}School Secretary will notify parent of bus information