TRANSPORTATION REQUEST & EMERGENCY CONTACT FORM (2020-2021)

*In accordance with OAC 3301-83-08 (C) (16), it is required for each student to have a completed emergency contact form. **Without this form, no student will be permitted to ride a school bus**. In the event you move, a new form will need completed before any request will be processed. This will also serve as an initial transportation request which will need to be completed and returned to your school's office no later than July 30, 2020. *(Incomplete/non-legible forms will not be accepted)*

STUDENT INFORMATION & EMERGENCY CONTACTS (PLEASE PRINT)

(Please Note: Only 1 student name per form. Forms containing more than 1 student name, will be returned for correction)

School Of Attendance: _____ Grade: _____

Student Name: _____ Date of Birth: _____

Street Address: _____ Apt #: _____ Zip Code: _____

Parent/Guardian Name: _____ Relation to Student: _____

Home #: _____   Cell #: _____   Work #: _____

(Must List 2 Emergency Contacts OTHER than parent/guardian listed above)

Emergency Contact 1 (Name): _____ Relation to Student: _____ Phone #: _____

Emergency Contact 2 (Name): _____ Relation to Student: _____ Phone #: _____

Please list any medical conditions, current medications or <u>serious</u> allergies transportation needs to be aware of: _____

_____

INFORMATION NEEDED FOR BUS STOP ASSIGNMENT (PLEASE PRINT)

What transportation is needed? (Indicate with 'X' or '✓') **Both AM & PM** _____ **AM ONLY** _____ **PM ONLY** _____

AM TRANSPORTATION ADDRESS: _____

PM TRANSPORTATION ADDRESS: _____

*The addresses you listed may not be the actual stop. Student(s) may be assigned to the nearest existing stop. If either of the addresses are a daycare, please list the name of the daycare and telephone number next to the address.

(YES or NO) _____ (Initial Only) In the event of an emergency, I agree for my child to be treated by emergency medical personnel.

(YES or NO) _____ (Initial Only) I was provided *Bus Rules and Eating & Drinking* notices to go over with my student.

(YES or NO) _____ (Initial Only) I authorize my kindergarten/1ˢᵗ grade student to be released by bus driver without a parent, guardian or other family member present, and will not hold Trinity Transportation or any of their employees of any liabilities that may occur after my student has been released. *(It is the parent's responsibility to be present for the dismissal of their student and not a requirement by Ohio State law. However, this is a service we provide to ensure the safety of your kindergarten/1ˢᵗ grade student only, unless authorized by a parent/guardian. Any student that is 2ⁿᵈ grade and above may be released)*

Signature: _____   *Date:* _____

(MUST BE SIGNED BY LEGAL GUARDIAN TO BE CONSIDERED COMPLETE AND TO BE PROCESSED)

Revision Date: February 3, 2020