



REQUEST FOR TRANSPORTATION
2015/2016

NAME OF SCHOOL _____

| FIRST AND LAST NAME OF STUDENT (PLEASE USE LEGAL NAME) | D.O.B. | GRADE | FOR OFFICE USE: I.D. # |
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PARENT / GUARDIANS NAME _____

HOME ADDRESS _____ ZIP CODE _____

CONTACT PHONE _____ E-MAIL ADDRESS _____

I AM REQUESTING TRANSPORTATION (Please check one): YES _____ NO _____

I HAD A PARENTAL CONTRACT FOR THE PREVIOUS SCHOOL YEAR 2014/2015 : YES _____ NO _____

TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS CORRECT

SIGNED _____ DATE: _____

THIS FORM IS TO BE COMPLETED BY THE PARENT / GUARDIAN OF STUDENT(S) WHO ARE REQUESTING TRANSPORTATION AND RETURNED TO:

TOLEDO PUBLIC SCHOOLS
TRANSPORTATION DEPARTMENT
5600 HILL AVE
TOLEDO, OHIO 43615

QUESTIONS: 419-671-8541
FAX: 419-671-8553

MUST BE RECEIVED IN OUR OFFICE NO LATER THAN SEPTEMBER 30, 2015

for office use only

DISTANCE _____ VERIFIED BY: _____

TARTA CARD ISSUED YES _____ NO _____

PARENTAL CONTRACT YES _____ NO _____

DATE: _____