



## TRANSPORTATION INFORMATION 2017-18

*All students are required to complete this form regardless of transportation method.  
RETURN THIS FORM TO YOUR CHILD'S CURRENT BUILDING OF ATTENDANCE*

Student's \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
Full Name Last First Middle

Student's Address \_\_\_\_\_  
Number Street Name Apt/Lot# City Zip Code

Email Address: \_\_\_\_\_

Grade Level \_\_\_\_\_ Building of Attendance \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Work# \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Cell# \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Work# \_\_\_\_\_

(Alternate Contact)

Relationship to Child \_\_\_\_\_ Cell# \_\_\_\_\_

**FOR THE 17-18 SCHOOL YEAR, PLEASE INDICATE ONE METHOD OF TRANSPORTATION**

Bus Rider  AM  PM  Walker/ Car Rider  AM  PM  Driving – Greenon High School

**If your child is to be picked up or dropped off by the bus to a sitter or caregiver other than the home address listed above, please complete:**

Caregiver Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Number Street Apt/Lot# City Zip Code Phone

When will your child be transported to or from the caregiver?

PICK UP ONLY  DROP OFF ONLY  PICK UP AND DROP OFF

PLEASE READ AND SIGN:

EFFECTIVE DATE: \_\_\_\_\_

**My child shall be at the pick up location 5 minutes before their scheduled pick up. I understand that it is my responsibility to notify the Greenon Local Schools Transportation by phone at 937-340-6352 (or fax 937-340-6351) immediately if any of the above information changes.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*If you need assistance in completing this form or accessing any services at or in the Greenon Local School District, contact the Board Office at (937) 864-1202.*