

PLEASE PRINT IN ALL AREAS

Has your child ever been enrolled in a Westerville City School Yes No

(If you answered YES to the above question, please list the Westerville City School(s) your student has attended in the above blank)

Has your student even been expelled from Westerville City Schools? Yes No

Did you receive school bus service during the 2009-2010 school year from Westerville City Schools? Yes No

Did you receive an approved parental contract for the 2009-2010 school year? Yes No

Please mark the appropriate boxes: Requesting transportation services AM PM Both

EMERGENCY CONTACT INFORMATION

Please list two local contact persons, OTHER THAN parent/guardian(s) listed above.

EMERGENCY CONTACT #1

EMERGENCY CONTACT #2

Name

Name

DAYTIME Phone. (with area code)

DAYTIME Phone No. (with area code)

Neighbor Friend Relative: _____
(please specify)

Neighbor Friend Relative: _____
(please specify)

PHYSICIAN INFORMATION:

Name

Phone No. (with area code)

PARENT CERTIFICATION

I state that the information provided is true and correct. I understand that falsification of information may be cause for denial of transportation services of my child from the Westerville City Schools.

Parent/Guardian Signature

Date

Official Use Only Below This Space
