



**MT. HEALTHY CITY SCHOOLS
REQUEST SCHOOL BUS TRANSPORTATION
SCHOOL YEAR _____**

Please return to the school you will be attending.

**Filling out this form does not guarantee transportation will be provided.
You must be on an existing route and there must be room on the bus.**

If you live outside of the Mt. Healthy School District, you must contact the district that you live in to obtain a release form. Mt. Healthy City Schools cannot transport a student out of our district without a release form.

Name of Pupil(s) (Last) _____ (First) _____ (Grade) _____

(Last) _____ (First) _____ (Grade) _____

(Last) _____ (First) _____ (Grade) _____

Home Address _____ (Zip) _____

School of Attendance _____

Name of Parent/Guardian _____ Relationship _____

Parent/Guardian Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Name of Daycare Provider _____

Address of Daycare Provider _____

Other Emergency Phone Numbers _____ Relationship _____

Requested Starting Date _____ Ending Date _____

If different than Home Address

Requested A.M. Stop _____

Requested P.M. Stop _____

Please list any other information that we should have such as pager numbers, medications the student is taking, i.e. inhalers, asthma, bee sting allergies, etc. _____

As a parent or guardian of any student(s) that Mt. Healthy City Schools transports, please contact your child's school if your address or any contact numbers change. Thank you.

Parent /Guardian Signature _____ Date _____