

# Talawanda/Petermann Transportation Request/Change/Withdrawal Form

Parents please fill out this form for transportation request and/or address change and/or child care provider.

A NEW FORM must be filled out if there are any changes in your child's transportation request. This form will delete any previous transportation request. Please check all information to make sure this is the schedule you need for your child.

**Please allow two days after transportation receives this form before the request is filled.**

**Please Print**

Today's Date \_\_\_\_\_

\*\*Student ID # \_\_\_\_\_ \*\*Student's Name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Sex M F

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardians' Name \_\_\_\_\_ Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Emergency Contact (other than listed above) Name \_\_\_\_\_ Phone # \_\_\_\_\_

**CHECK OPTIONS: New Student**  **Home Address Change**  **Alternative Address P/U or D/O**

**Please Use This Box Only For Alternative Request**

**All Alternative Addresses Must Be In The Attendance Area Of The School**

Name of Alternative Provider \_\_\_\_\_ Date Needed \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

AM or Pick Up Location - Please Circle Days Needed At this Address: M T W TH F

PM or Drop Off Location - Please Circle Days Needed At This Address: M T W TH F

Additional/Medical Information \_\_\_\_\_

**\*\*Withdrawal**

**SCHOOL USE ONLY**

If withdrawal, please note new address if "In District" \_\_\_\_\_

Or check box if moved out of District  **\*\* Student Name and ID# Only Required for Withdrawal**

**TRANSPORTATION USE ONLY**

Transportation approved to start on: M T W TH F \_\_\_/\_\_\_/\_\_\_

Pick Up Bus Number \_\_\_ and Time \_\_\_:\_\_\_ AM Location \_\_\_\_\_

Drop Off Bus Number \_\_\_ and Time \_\_\_:\_\_\_ PM Location \_\_\_\_\_

Alternative Address Not Approved At This Time