

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