

STUDENT DATA SHEET ~ Transportation Department

Please fill out one form for each student

Student Name _____ Last _____ First _____ MI _____ DOB _____ Grade: _____

Physical Address (911) _____

City/State _____ Zip _____

Mailing Address (if different from 911) _____

City/State _____ Zip _____

School Attending Elementary High School Other: _____

PARENT/GUARDIAN INFORMATION

MOTHER _____ FATHER _____

HOME # _____ HOME # _____

WORK # _____ WORK # _____

EMERGENCY INFORMATION - Other than Parent/Guardian

NAME _____

Physical Address (911) _____

PHONE _____ RELATIONSHIP _____

DROP OFF/PICK UP DETAILS

A.M. Pick up Yes ___ No ___

P.M. Drop off Yes ___ No ___

Name _____

Name _____

Address _____

Address _____

Phone# _____

Phone# _____

Relationship _____

Relationship _____

MEDICAL HISTORY

Please indicate medical history we should be made aware of: _____
