

Mt. Healthy/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 three business days after transportation receives this form before the request is filled.

Please Print

School: _____ Date: _____

Student Name: _____

Student ID: _____ D.O.B. ____/____/____ Grade: _____ Male / Female

Student Name: _____

Student ID: _____ D.O.B. ____/____/____ Grade: _____ Male / Female

Student Name: _____

Student ID: _____ D.O.B. ____/____/____ Grade: _____ Male / Female

Parent/Guardian Name: _____ Home: ____-____-____ Cell: ____-____-____

Home Address: _____ Zip Code: _____

Emergency Contact: _____ Phone: ____-____-____

CHECK ONE OPTION: My student will need transportation. My student will not need transportation.

CHECK ONE OPTION: New Student Home Address Change Alternative Address (Fill out box below)

Please Use This Box <u>Only</u> For Alternative Request	
<i>All Alternative Address Must Be Within The Transportation Limits Of The School To Which You Are Assigned</i>	
Pick-up Address: _____	Zip: _____
Drop-off Address: _____	Zip: _____
Additional Information: _____	

Parent/Guardian Signature _____ Date _____

Withdrawal	<u>SCHOOL USE ONLY</u>
If withdrawal, please note new address if "In Mt. Healthy District" _____	
Or check if moved out of District _____	<u>Only Student Name, School and ID# Required for Withdrawal</u>