

Anticipated Start Date: _____



**RAVENNA PUBLIC SCHOOLS
TRANSPORTATION DEPARTMENT
2022 - 2023 Student Transportation Enrollment Form**
Telephone: (231) 853-6311 Email: tfunk@ravennaschools.org



Dear Parent or Guardian:

In order to complete our student lists for busing, we need to compile the following information about your child(ren). Please fill out this student transportation form for your child(ren). Only one form is needed per household. Thank you.

STUDENT NAME	D.O.B / GENDER	SCHOOL BLDG (circle one)	GRADE	REQUEST BUS RIDE	
				Yes	No
1. <input type="text"/>	<input type="text"/> M <input type="checkbox"/> F <input type="checkbox"/>	EL MS HS	<input type="text"/>	()	()
2. <input type="text"/>	<input type="text"/> M <input type="checkbox"/> F <input type="checkbox"/>	EL MS HS	<input type="text"/>	()	()
3. <input type="text"/>	<input type="text"/> M <input type="checkbox"/> F <input type="checkbox"/>	EL MS HS	<input type="text"/>	()	()
4. <input type="text"/>	<input type="text"/> M <input type="checkbox"/> F <input type="checkbox"/>	EL MS HS	<input type="text"/>	()	()
5. <input type="text"/>	<input type="text"/> M <input type="checkbox"/> F <input type="checkbox"/>	EL MS HS	<input type="text"/>	()	()

Home Address: _____ Phone #: _____
House # Street City Zip

Only one pick up and one drop off will be allowed per BOE Policy. Pick up & Drop off location may be different but must be consistent. ****Only if different than home address**** (i.e. sitter, daycare, grandparent, etc)

Pick Up: _____ Reason: _____

Drop Off: _____ Reason: _____

Parent/Guardian Name:	Phone Number:	Relationship: (May student be released to this person)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact Name:	Phone Number:	Relationship: (May student be released to this person)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list any health concerns for your child(ren):

Student Name: _____ **Explanation of concern & action to be taken:** _____

Parent/Guardian Signature _____

Date _____

Dispatch use only:

Entered into Poly _____

Parent Notified _____

Driver(s) Notified _____

School Notified _____

Bus Tag _____