

OREGON CITY SCHOOLS BUS TRANSPORTATION FORM



STUDENT NAME: LAST: _____ FIRST: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ CELL #: _____

EMERGENCY PHONE #: _____

SCHOOL: _____ GRADE: _____ BUS #: A.M. _____ P.M. _____

PARENT NAME: _____

ONLY FILL OUT INFORMATION BELOW IF YOUR CHILD IS BEING TRANSPORTED VIA SCHOOL BUS (must meet school policy) TO OR FROM A BABYSITTER OR CHILD CARE PROVIDER. YOU MUST CALL 419-693-7727 FOR ALL BABYSITTING ARRANGEMENTS. A 48 HOUR NOTICE IS REQUIRED BEFORE THE CHANGE CAN BE MADE.

CHILD CARE PROVIDER'S NAME: _____

CHILD CARE PROVIDER'S PHONE #: _____

CHILD CARE PROVIDER'S ADDRESS: _____

_____ A.M. _____ P.M. _____ A.M. AND P.M.

MEDICAL INFORMATION THAT THE DRIVER SHOULD BE AWARE OF:

(i.e. epilepsy, asthma, diabetes, seizures etc.....)

SPECIAL NOTES:

Must be completely filled out for student to receive transportation. One form per student. This form will be used in case of an emergency. Student may return the form during school orientation or to the bus driver on the 1st day of school. You may also mail to: Transportation Office, 5721 Seaman Rd., Oregon, Oh 43616. Or FAX: 419-698-6049.