

Anticipated Start Date: _____



RAVENNA PUBLIC SCHOOLS
TRANSPORTATION DEPARTMENT
2024 - 2025 Student Transportation Enrollment Form
Telephone: (231) 853-6311 Email: cwarren@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.

REQUEST BUS RIDE

| 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)*

Emergency Contact Name: _____ **Phone Number:** _____ **Relationship:** *(May student be released to this person)*

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 _____