

# EDISON LOCAL TRANSPORTATION INFORMATION FORM

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**Please do not fill out this form if you are within the one mile limit.**

STUDENT NAME: \_\_\_\_\_

D.O.B. \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIPCODE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PICK UP ADDRESS: \_\_\_\_\_

DROP OFF ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT: *(someone other than yourself that can be reached regarding transportation)*

\_\_\_\_\_ PHONE: \_\_\_\_\_

DOES YOUR CHILD HAVE AN IEP WITH THE SCHOOL OF ATTENDANCE? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL HEALTH CARE NEEDS THAT COULD ARISE DURING TRANSPORTATION? (PLEASE LIST ANYTHING THAT COULD PREPARE US FOR EMERGENCIES)

\_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **The following information must meet the following criteria to provide transportation:**

\*The address listed above must be within the school districts attendance boundary \*the bus stops must be for all five days a week \*the bus stops must be existing stops on the bus run \*the desired bus stops cannot be over load capacity \*the stop is not in effect until parents have been notified by school personnel.