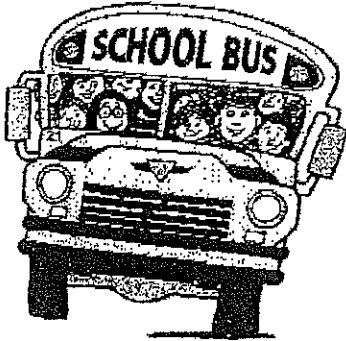


WHITEHALL CITY SCHOOLS - TRANSPORTATION

4000 Washburn Street, Whitehall, OH 43213 Phone: 417-5140 Fax: 417-5142
David Hausmann - Director of Facilities and Transportation

Bus # _____
Office Use Only



Bus riders must be at the designated stop 5 minutes before the scheduled pick up.
Pre K and Kindergarten students must have an adult present at the stop upon the return home from school. If no adult is present, the child will be returned to the school the end of the bus route.

Student _____
First Middle Initial Last

Address _____

Phone # () _____ Cell # () _____
Area Code Area Code

Birthdate _____ Age _____
Month Date Year

School _____ 20 thru 20 _____
Name of School School Year

Grade Pre K - AM Pre K - PM K 1 2 3 4 5 6 7 8
Please circle the appropriate grade level Please circle the appropriate grade level

Mother _____ Work _____
First Last Employer Work Phone #

Father _____ Work _____
First Last Employer Work Phone #

MEDICAL ALERT - Life Threatening or Handicap

Describe below, any life threatening medical condition or handicap that you want shared with others.
Provide a Physician's Statement to the Bus Garage along with this form. You can send these forms to school with your student, or fax them to the Bus Garage. Accommodations will be made.

ASTHMA - Provide the following information

Is the INHALER required on the bus? YES _____ or NO _____
List the frequency of attacks, and provide a list of the procedures to be followed.

Allergies - Non - Life Threatening

Emergency Contact Information

Name _____ Relationship _____ Phone # _____
First Last
Name _____ Relationship _____ Phone # _____
First Last
Name _____ Relationship _____ Phone # _____
First Last

*Parent or Guardian Signature Date

*A parent or guardian's signature grants Whitehall City Schools - Transportation permission to bus your student(s) to/from his/her designated pick up and drop off, for the entire school year.