Office Use Only

Bus#

WHITEHALL CITY SCHOOLS - TRANSPORTATION

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

		Stude	First	Middle Initial Last					
A mark to the last		Addre: Phone			***	Cell #		1	
		Birthda	Area Code			Age	Area Code		
School	, I		Month	Date	Year	20	thru	20	
	Pre K - AM	Name of	School		-		School Yes	r	
rade	Pre K - PM	K 1	2	3	4	5	6	7	8
other	Please circle the appropriate grade level Work								1
	First		Last		Emp			Work Phone #	
ther	First	First L		Work	VVOI K		- INC. TO THE TOTAL PROPERTY OF THE TOTAL PR	Work Phone #	
		MEDICAL	ALERT -	Life Thre	atenino	or Handi	cao		
	Describe below, vide a Physician's	any life threater s Statement to	ning medical co the Bus Garage	ondition or along with	handicar h this for	that you w n . You can	ant shared send the	se forms to s	
	with yo	ur student, or f	ax them to the	Bus Garag	e. Acco	mmodation	s will be m	iade.	

List the frequency of attacks, and provide a list of the procedures to be followed.

Emergency Contact Information

Non - Life Threatening

Name

First Last Relationship Phone #

Name

First Last Relationship Phone #

Name

First Last Relationship Phone #

*Parent or Guardian Signature

is the INHALER required on the bus?

Name

Allergies

Date

YES or NO

^{*}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.