

TRANSPORTATION REQUEST – Bloom-Carroll Local School District

- | | |
|--|--|
| <input type="checkbox"/> BC High School (9-12) | <input type="checkbox"/> Eastland Career Center |
| <input type="checkbox"/> BC Middle School (5-8) | <input type="checkbox"/> Fairfield Career Center |
| <input type="checkbox"/> BC Intermediate (3-4) | <input type="checkbox"/> Fisher Catholic |
| <input type="checkbox"/> BC Primary (K-2) | <input type="checkbox"/> St Mary School |
| <input type="checkbox"/> Fairfield Christian Academy | <input type="checkbox"/> Other _____ |

Student # _____
New Enrollment
New School Year _____
Change during school year:
Effective date: _____

Student Name: _____ Date of Birth: _____ Grade (entering): _____ Gender: M F
(First) (Last)

Address: _____
(Street) (City) (Zip Code)

Parent/Guardian: _____
(Name) (Relationship to Student) (Home Phone) (Cell Phone) (Work Phone)

Parent/Guardian: _____
(Name) (Relationship to Student) (Home Phone) (Cell Phone) (Work Phone)

MORNING TRANSPORTATION

- Ride bus from home (Closest Bus Stop where door to door service is not available.)
 Ride bus from another location:

Name / Daycare / Other Address City Zip Code Contact number(s)

No Morning Transportation

AFTERNOON TRANSPORTATION

- Ride bus to home (Closest Bus Stop where door to door service is not available.)
 Ride bus to another location:

Name / Daycare / Other Address City Zip Code Contact number(s)

No Afternoon Transportation

SIGNATURE/AUTHORIZATION

Signature: _____
(Parent/Guardian) (Date)

NOTE FOR TRANSPORTATION: _____

