



TRANSPORTATION
REGISTRATION FORM

Please return this form to the transportation Dept.
505 Yankee Road, Monroe, Ohio 45050
Phone: 513-539-0324 Fax: 513-360-0820

Office Use Only:	
Bus #:	_____
Start Date:	_____
Student ID#:	_____

Please check one: Existing Student New Student Alternate Transportation Change of Address

School _____

Student Name _____ Sex (M/F) _____

Homeroom _____ Grade _____ If kindergarten or preschool, please circle one: AM or PM

Date of Birth _____ Home Phone # _____

Mother's Home Address _____
Street Apt. # City Zip

Mother's Name _____ Mother's Home # _____

Mother's Wk # _____ Mother's Cell # _____

Father's Home Address _____
Street Apt. # City Zip

Father's Name _____ Father's Home # _____

Father's Wk # _____ Father's Cell # _____

Guardian's Home Address _____
Street Apt. # City Zip

Guardian's Name _____ Guardian's Home # _____

Guardian's Wk # _____ Guardian's Cell # _____

Emergency Contact's Name _____ Relation to Child: _____

Emergency Contact's # _____

MEDICAL INFORMATION Please list any medical information that will assist in transporting your child safely (allergies, seizures, medications, asthma, crutches, speech problems, walker and/or wheelchair):

Transportation TO SCHOOL FROM HOME each day (Please check one and circle appropriate days):

_____ I will make arrangements for student to be driven/Student will not be riding the bus: MON TUES WED THURS FRI

_____ Student is a walker/Student will not be riding the bus: MON TUES WED THURS FRI

_____ Student will ride bus to school from home address: MON TUES WED THURS FRI

_____ Student will ride bus to school from sitter/daycare: (See child Care portion of form) MON TUES WED THURS FRI

Transportation TO HOME FROM SCHOOL each day (Please check one and circle appropriate days)

_____ I will pick student up from school/Student will not be riding the bus: MON TUES WED THURS FRI

_____ Student is a walker/Student will not be riding the bus: MON TUES WED THURS FRI

_____ I give permission for the person listed below to pick up my child from school: MON TUES WED THURS FRI

Name of Person _____ Relation to Child _____

_____ Student will ride bus from school to home address: MON TUES WED THURS FRI

_____ Student will ride bus from school to sitter/daycare: (see Child Care portion of form) MON TUES WED THURS FRI

CHILD CARE INFORMATION (Complete if child will be picked up or dropped off at a location other than home address).

My student who attends **MONROE PRIMARY** will be (check one) _____ picked up _____ dropped off at:

- _____ Child Time 755 Coldwater Drive 539-8000 MON TUES WED THURS FRI
- _____ Hornet Haven 206 East Avenue 539-0433 MON TUES WED THURS FRI
- _____ Early Edge 100 East Avenue 539-4673 MON TUES WED THURS FRI
- _____ Earth Angels Childcare Center 500 Macready Avenue MON TUES WED THURS FRI
- _____ Other – (list name./address) MON TUES WED THURS FRI

My student who attends **MONROE ELEMENTARY** will be (check one)_____ picked up _____ dropped off at:

- _____ Child Time 755 Coldwater Drive 539-8000 MON TUES WED THURS FRI
- _____ Hornet Haven 206 East Avenue 539-0433 MON TUES WED THURS FRI
- _____ Early Edge 100 East Avenue 539-4673 MON TUES WED THURS FRI
- _____ Earth Angels Childcare Center 500 Macready Avenue MON TUES WED THURS FRI
- _____ Other – (list name./address) MON TUES WED THURS FRI

Parent/Guardian of (please list child’s name) _____

Parent/Guardian Signature _____ Date: _____

Note: It takes 3 business days to arrange transportation.