



TRANSPORTATION REQUEST & EMERGENCY CONTACT FORM – School Year _____

*In accordance with OAC 3301-83-08 (C) (16), it is required for each student to have a completed emergency contact form. Without this form, no student will be permitted to ride a school bus. In the event you move, a new form will need completed before any request will be processed. This will also serve as the initial transportation request, which will need to be completed and returned to TPS Transportation.

(Incomplete/non-legible forms will not be accepted)

STUDENT INFORMATION & EMERGENCY CONTACTS (PLEASE PRINT & COMPLETE FORM IN ITS ENTIRETY)

(NOTE: Only 1 student name per form. Forms containing more than 1 student name will be returned for correction)

School of Attendance: _____ Grade: _____

Student Name: _____ Date of Birth: _____

Street Address: _____ Apt#: _____ Zip Code _____

Parent/Guardian Name: _____ Relation to Student: _____

Home#: _____ Cell #: _____ Work #: _____

(Must list 2 Emergency Contacts OTHER than parent/guardian listed above)

Emergency Contact 1 (Name) _____ Relation to student: _____ Phone#: _____

Emergency Contact 2 (Name) _____ Relation to student: _____ Phone#: _____

Please list any medical conditions, current medications or serious allergies transportation needs to be aware of _____

INFORMATION NEEDED FOR BUS STOP ASSIGNMENT (PLEASE PRINT)

What transportation is needed? (indicate with "X") **Both AM & PM** _____ **AM ONLY** _____ **PM ONLY** _____

TRANSPORTATION ADDRESS: _____

*The address you listed may not be the actual stop. Student(s) may be assigned to the nearest existing stop. If either of the addresses are a daycare, please list the name of the daycare and telephone number next to the address.

(YES or NO) _____ (Initial Only) In the event of an emergency, I agree for my child to be treated by emergency medical personnel.

(YES or NO) _____ (Initial Only) I was provided *Bus Rules and Eating & Drinking* notices to go over with my student.

(YES or NO) _____ (Initial Only) I authorize my kindergarten/1st grade student to be released by bus driver without a parent, guardian or other family member present and will not hold **Trinity Transportation** or any of their employees of any liabilities that may occur after my student has been released. *(It is the parent's responsibility to be present for the dismissal of their student and not a requirement by Ohio State law. However, this is a service we provide to ensure the safety of your kindergarten/1st grade student only, unless authorized by a parent/guardian. Any student that is 2nd grade and above may be released).*

*Signature: _____ Date _____

TOLEDO PUBLIC SCHOOLS
TRANSPORTATION DEPARTMENT
5600 HILL AVE.
TOLEDO, OH 43615

PHONE NUMBER: 419-671-8541
FAX NUMBER: 419-671-8553
EMAIL ADDRESS: TRANSPORTATIONREQUEST@TPS.ORG

OFFICE USE ONLY

STUDENT # _____
DISTANCE _____

DATE _____