

Application for Bus Transportation for Mills Lawn Students

Please complete this form to apply for bus transportation. **Please Print**

Date: \_\_\_\_\_

Check if this is a recent move to a new address

Student's Name: \_\_\_\_\_ Gender: M or F

School Building: Mills Lawn, other \_\_\_\_\_

Current Grade for this 2018-2019: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

***If you are requesting pickup/drop-off from an address (daycare, grandparent, etc...) other than your residence, please list that address here:*** \_\_\_\_\_

- The Home Address listed above What days of the week? M Tu W Th F
- The Child Care address listed above What days of the week? M Tu W Th F

**Returning at the end of the school day: Must be on a current Bus Route**

- The Home Address listed above What days of the week? M Tu W Th F
- The Child Care address listed above What days of the week? M Tu W Th F

***NOTE: This address must lie outside the District Policy limits in order for your child to qualify for bus transportation from this address.***

**(OVER)  
Continued**

Signature of Parent or Guardian: \_\_\_\_\_

**Policy Limits: Students K-6 living .75 miles or more from school**

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**For Office Use Only:**

Date: \_\_\_\_\_

Assigned PICK UP Bus Stop: \_\_\_\_\_ Bus # \_\_\_\_\_

Assigned RETURN Bus Stop: \_\_\_\_\_ Bus# \_\_\_\_\_

**Application for Bus Transportation for  
Mills Lawn Students**

**\* Students will not be transported to and from school until this form has been completed, submitted, and eligibility for transportation has been verified.**

All Student Transportation Application Forms must be completed and returned to: **Last week of July**  
Board of Education Office  
201 South Walnut Street  
Yellow Springs, OH. 45387      during office, via mail or fax (937) 767-6604

**Once this form has been completed and reviewed, you will be contacted and informed whether you are eligible for bus transportation.**

**\* MEDICAL INFORMATION:**

Please list below any and all medical information about your child that could be of assistance in the event of an emergency.

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Please list additional phone numbers and people who can be contacted in case we can not reach you:

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**Please complete a form for the building of attendance for students riding the school bus,  
Thank you**

(OVER)