



**TRANSPORTATION REQUEST & EMERGENCY CONTACT FORM for CHARTER & NON-PUBLIC – 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 to be 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: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

**(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**

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

**\*The address you listed may not be the actual stop. Student(s) may be assigned to the nearest existing stop.**

(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/1<sup>st</sup> grade student to be released by bus driver without a parent, guardian or other family member present and will not hold **Trinity Transportation or TPS**, including 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/1<sup>st</sup> grade student only, unless authorized by a parent/guardian. Any student that is 2<sup>nd</sup> grade and above may be released).**

**\*Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*\*\*\*PLEASE SUBMIT VIA EMAIL, PHYSICAL ADDRESS OR FAX\*\*\*\*\***

**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** \_\_\_\_\_