



# TRANSPORTATION REGISTRATION FORM

*Please return this form to the Transportation Department.  
Transportation Phone: 686-1785 / Fax: 792-8286*

**Office Use Only:**

Bus #: \_\_\_\_\_

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

Student ID #: \_\_\_\_\_

**This form only needs to be filled out if your student meets any of the following three (3) categories below:**

Please check one:     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 Ph. # \_\_\_\_\_

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):

<input type="checkbox"/> I will make arrangements for student to be driven/Student will not be riding the bus:	MON	TUES	WED	THUR	FRI
<input type="checkbox"/> Student is a walker/Student will not be riding the bus:	MON	TUES	WED	THUR	FRI
<input type="checkbox"/> Student will ride bus to school from home address:	MON	TUES	WED	THUR	FRI
<input type="checkbox"/> Student will ride bus to school from sitter/daycare: ( <i>See Child Care portion of form</i> )	MON	TUES	WED	THUR	FRI

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

<input type="checkbox"/> I will pick student up from school/Student will not be riding the bus:	MON	TUES	WED	THUR	FRI
<input type="checkbox"/> Student is a walker/Student will not be riding the bus:	MON	TUES	WED	THUR	FRI
<input type="checkbox"/> I give permission for the person listed below to pick up my child from school:	MON	TUES	WED	THUR	FRI
Name of person: _____		Relation to Child: _____			
<input type="checkbox"/> Student will ride bus from school to home address:	MON	TUES	WED	THUR	FRI
<input type="checkbox"/> Student will ride bus from school to sitter/daycare: ( <i>See Child Care portion of form</i> )	MON	TUES	WED	THUR	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 **BLUE ASH ELEMENTARY** will be (check one): \_\_\_\_\_ picked up \_\_\_\_\_ dropped off at:

<input type="checkbox"/>	The Gardner School	9920 Carver Road	985-0555	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	KinderCare	9455 Plainfield Road	891-5467	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Gingerbread	4215 Malsbary Road	793-4122	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	YMCA	5000 YMCA Drive	791-5000	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Youthland	9280 Plainfield Road	984-9087	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Caregiver: (list name and address)			MON	TUES	WED	THUR	FRI

My student who attends **MAPLE DALE ELEMENTARY** will be (check one): \_\_\_\_\_ picked up \_\_\_\_\_ dropped off at:

<input type="checkbox"/>	Blue Ash Educational	10149 Kenwood Road	891-1723	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	KinderCare	4500 Cornell Road	489-5353	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Kinder Garden	10969 Reed Hartman Hwy.	791-4300	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Child Time	10631 Techwood Circle	769-7529	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Renaissance Montessori	9994 Zig Zag Road	234-5821	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Caregiver: (list name and address)			MON	TUES	WED	THUR	FRI

My student who attends **MONTGOMERY ELEMENTARY** will be (check one): \_\_\_\_\_ picked up \_\_\_\_\_ dropped off at:

<input type="checkbox"/>	TriHealth Early Learning	10580 Montgomery Road	791-4712	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Kidz Watch	9727 Montgomery Road	793-5439	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Springs East	9429 Loveland-Madeira	793-7877	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Youthland	10310 Montgomery Road	794-0093	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Caregiver: (list name and address)			MON	TUES	WED	THUR	FRI

My student who attends **SYMMES ELEMENTARY** will be (check one): \_\_\_\_\_ picked up \_\_\_\_\_ dropped off at:

<input type="checkbox"/>	All About Kids	11210 Montgomery Road	489-5437	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Children's House	11161 Montgomery Road	247-0970	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	KinderCare	10695 Cottonwood Drive	683-2641	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	KinderCare	11737 Seven Gables	774-0111	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Primrose	9175 Governors Way	697-6970	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Youthland	10632 Loveland-Madeira	583-1365	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Caregiver: (list name and address)			MON	TUES	WED	THUR	FRI

My student who attends **EDWIN H. GREENE INTERMEDIATE** will be (check one): \_\_\_\_\_ picked up \_\_\_\_\_ dropped off at:

<input type="checkbox"/>	All About Kids	11210 Montgomery Road	489-5437	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	KinderCare	9455 Plainfield Road	891-5467	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	The Gardner School	9920 Carver Road	985-0555	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Gingerbread	4215 Malsbary Road	793-4122	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	YMCA	5000 YMCA Drive	791-5000	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Youthland	9280 Plainfield Road	984-9087	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Blue Ash Educational	10149 Kenwood Road	891-1723	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Kidz Watch	9727 Montgomery Road	793-5439	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	KinderCare	4500 Cornell Road	489-5353	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Kinder Garden	10969 Reed Hartman Hwy.	791-4300	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Child Time	10631 Techwood Circle	769-7529	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	TriHealth Early Learning	10580 Montgomery Road	791-4712	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Springs East	9429 Loveland-Madeira	793-7877	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Youthland	10310 Montgomery Road	794-0093	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Children's House	11161 Montgomery Road	247-0970	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	KinderCare	10695 Cottonwood Drive	683-2641	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	KinderCare	11737 Seven Gables	774-0111	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Primrose	9175 Governors Way	697-6970	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Renaissance Montessori	9994 Zig Zag Road	234-5821	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Youthland	10632 Loveland-Madeira	583-1365	MON	TUES	WED	THUR	FRI
<input type="checkbox"/>	Caregiver: (list name and address)			MON	TUES	WED	THUR	FRI

Parent/Guardian of (please list child's name) \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: It takes 3 business days to arrange transportation. Transportation may not be available to every day care at noon.** Rev. 7/1/13