

PUBLIC SCHOOLS
Transportation Department
4290 N James H McGee Blvd.
Dayton, Ohio 45417
(937) 542-4010 Fax (937) 542-4040

SCHOOL BUS TRANSPORTATION REQUEST FORM

Date: _____ School Year: ____ School: ____

Name of Child(ren)	Name of Child(ren)	Grade Level	
First	Last		
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and the same of th			
Home Address:			
Is this a new home address? Yes No			
If this is a new address, proof of address in the	e legal parent or guardian's name is req	juired. Please see your ch	ild's
school administrator or office personnel for acc	•		
requesting transportation service to or from an school and attach it to this form.	alternate location, please complete the	childcare form at your ch	iia s
The completion of this form is required to reconcered to reconcered the requirements on the DPS website <u>y</u>	•	-	
Dayton Public Schools only transport students th			
Legal Guardian Signature	Daytime	Daytime Phone Number	