

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



**RAVENNA PUBLIC SCHOOLS  
TRANSPORTATION DEPARTMENT  
2023 - 2024 Student Transportation Enrollment Form**  
Telephone: (231) 853-6311 Email: cwarren@ravennaschools.org



Dear Parent or Guardian:

In order to complete our student lists for busing, we need to compile the following information about your child(ren). Please fill out this student transportation form for your child(ren). *Only one form is needed per household.* Thank you.

| STUDENT NAME | D.O.B / GENDER     | SCHOOL BLDG (circle one) | GRADE | REQUEST BUS RIDE |     |
|--------------|--------------------|--------------------------|-------|------------------|-----|
|              |                    |                          |       | Yes              | No  |
| 1. _____     | ____ M ____ F ____ | EL MS HS                 | _____ | ( )              | ( ) |
| 2. _____     | ____ M ____ F ____ | EL MS HS                 | _____ | ( )              | ( ) |
| 3. _____     | ____ M ____ F ____ | EL MS HS                 | _____ | ( )              | ( ) |
| 4. _____     | ____ M ____ F ____ | EL MS HS                 | _____ | ( )              | ( ) |
| 5. _____     | ____ M ____ F ____ | EL MS HS                 | _____ | ( )              | ( ) |

Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
House # Street City Zip

**Only one pick up and one drop off will be allowed per BOE Policy.** Pick up & Drop off location may be different but must be consistent. *(i.e. sitter, daycare, grandparent, etc)*  
\*\*\*Only if different than home address\*\*\*

Pick Up: \_\_\_\_\_ Reason: \_\_\_\_\_

Drop Off: \_\_\_\_\_ Reason: \_\_\_\_\_

|                              |                      |  |
|------------------------------|----------------------|--|
| <b>Parent/Guardian Name:</b> | <b>Phone Number:</b> | <b>Relationship:</b> <i>(May student be released to this person)</i> |
| _____                        | _____                | _____  |
| _____                        | _____                | _____  |

|                                |                      |  |
|--------------------------------|----------------------|--|
| <b>Emergency Contact Name:</b> | <b>Phone Number:</b> | <b>Relationship:</b> <i>(May student be released to this person)</i> |
| _____                          | _____                | _____  |
| _____                          | _____                | _____  |

Please list any *health concerns* for your child(ren):  
**Student Name:** \_\_\_\_\_ **Explanation of concern & action to be taken:** \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dispatch use only:**

Entered into Poly \_\_\_\_\_

Parent Notified \_\_\_\_\_

Driver(s) Notified \_\_\_\_\_

School Notified \_\_\_\_\_

Bus Tag \_\_\_\_\_