

# ST. CLAIRSVILLE-RICHLAND CITY SCHOOL DISTRICT

108 Woodrow Avenue, St. Clairsville, Ohio 43950 • Phone: (740) 695-1624 • Fax: (740) 695-1627 • Website: stcschools.com

## STUDENT TRANSPORTATION INFORMATION

If the student is to be transported, complete the information below and return it to the school office.

STUDENT NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

SCHOOL BUILDING \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_

Does the student have any medical conditions the driver would need to know? If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

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

### FOR OFFICE USE ONLY:

Bus Number \_\_\_\_\_ Seat Number \_\_\_\_\_