

Delphos City Schools Bus Form 2021-22 School Year

Form must be completed 48 hours prior to riding

Student Name	DOB	School	Grade

HOME ADDRESS: _____

Parent Name: _____

Phone #1: _____ Phone #2: _____

_____ 1. My child(ren) will be riding the bus **TO SCHOOL**

Address: _____
 This address belongs to Grandparent ___ Babysitter ___
 Contact information for this address: _____
 Phone: _____
 Student(s) will ride on MON ___ TUE ___ WED ___ THUR ___ FRI ___

_____ 2. My child(ren) will be riding the bus **FROM SCHOOL**

Address: _____
 This address belongs to Grandparent ___ Babysitter ___
 Contact information for this address: _____
 Phone: _____
 Student(s) will ride on MON ___ TUE ___ WED ___ THUR ___ FRI ___

_____ 3. Shuttle **MIDDLE SCHOOL TO HIGH SCHOOL** before school

_____ 4. Shuttle **FRANKLIN TO MIDDLE SCHOOL** after school

_____ 5. Shuttle **HIGH SCHOOL TO MIDDLE SCHOOL** after school

_____ 6. **VANTAGE BUS** to and from school

_____ 7. **ESC Building in Lima** to and from school

MEDICAL/ ALLERGIES: _____

**** YOU ARE RESPONSIBLE FOR NOTIFYING THE SCHOOL PRIOR TO ANY CHANGES!!**

Office use: Bus # _____ Driver: _____