

TRANSPORTATION FORM 2023-2024 SCHOOL YEAR

Student ID Number: _____

Student's Legal Name: _____ Grade: _____
Last First M.

Home Address: _____ City/Zip: _____

School: _____ Home Phone: _____

Date of Birth ____/____/____ Place of Birth: _____ Sex: ___ Male ___ Female

Ethnicity: ___ White ___ Black ___ Hispanic ___ Asian/Pacific Islander ___ Multiracial ___ American Native

Student Lives With: ___ Both Parents ___ Mother ___ Stepmother ___ Grandparent(s)

(Check all that apply) ___ Foster Parent(s) ___ Father ___ Stepfather ___ Other _____

Previous Lorain School Attended _____
School Name

PARENT INFORMATION

Mother's Name: _____
Last First

Home Address: _____ Phone: _____

Cell Phone: _____ Work Phone: _____

Father's Name: _____
Last First

Home Address: _____ Phone: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact: _____
Last First

Home Address: _____ Phone: _____

Cell Phone: _____ Work Phone: _____

***Please provide Proof of Residency with this form. (Needs to be within the last 60 days) ***

Must live over 2 miles from the school to qualify for transportation (Revised code 3327.01)