

2023 –2024 School Year
REQUEST FOR STUDENT TRANSPORTATION

St. Jude School
594 Poplar Street Elyria, OH 44035
Office: (440) 366-1681 Fax: (440) 366-5238

PLEASE CHECK THE BUS DISTRICT YOU WILL USE:

Keystone	Midview	Sheffield	Vermilion
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This form must be filled out completely and returned to the school office. Bus stops are at corners of intersecting streets. Please allow 3 days for transportation to begin after appropriate bus garage receives this request.

PLEASE PRINT THE FOLLOWING INFORMATION:

Student Last Name _____ First Name _____ Gender: ____
Street Address: _____ Apt# ____
City: _____ Zip _____ Phone: _____
Birthdate: _____ Age: _____ Grade: _____
Father's Name: _____ Work Phone: _____
Mother's Name: _____ Work Phone: _____

IN CASE OF EMERGENCY WHO DO WE CONTACT?

Name: _____ Relationship: _____
Address: _____ Phone: _____
On what date would you like transportation to start? _____
On what date would you like transportation to stop? _____

Please check:

Student will need transportation: AM _____ PM _____

Parent Signature _____ **Date** _____

FOR TRANSPORTATION USE ONLY

AM Bus _____ Pick up time _____ at _____
Transfer Bus _____ at _____
PM Bus _____ Pick up time _____ at _____
Transfer Bus _____ at _____

Date parent notified with above information _____