

2024 –2025 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 Vermilion

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 _____