

EDISON LOCAL SCHOOL TRANSPORTATION INFORMATION FORM

TRANSPORTATION SUPERVISOR: BARBARA NEIDLER / 419-499-3000 EXT: 1018

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TRANSPORTATION IS UNAVAILABLE IF YOU LIVE WITHIN THE ONE MILE RADIUS OF THE STUDENTS SCHOOL

STUDENT NAME: _____

GRADE: _____ SCHOOL ATTENDING: _____ D.O.B. _____

HOME ADDRESS: _____

CITY, STATE, ZIPCODE: _____

PARENTS NAME(S): _____

PICK UP ADDRESS: _____

DROP OFF ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT OTHER THAN YOURSELF: _____

PHONE: _____ RELATIONSHIP: _____

HEALTH CONCERNS WE SHOULD KNOW ABOUT WHILE TRANSPORTING: _____

PARENT / GUARDIAN SIGNATURE & DATE: _____

*****FINAL FORMS WILL ALSO NEED TO BE FILLED OUT ON THE EDISON CHARGERS WEB PAGE*****