



PRIVATE / PAROCHIAL SCHOOL TRANSPORTATION REQUEST

*This form must be completed and submitted to Forest Hills annually. Please complete a separate form for each student. Return completed forms to the FHSD Transportation Department by the end of June each school year: 7600 Forest Road, Cincinnati, Ohio 45255 * Fax: 513-231-2139 * richardporter@foresthills.edu*

If transportation services are not utilized for more than two consecutive weeks, students will be removed from route(s). If there are extenuating circumstances, please contact the Transportation Department at 231-3335.

School Name _____ School Year _____

Student Name _____ Birthday _____ Grade _____

Home Address _____ Zip Code _____

Will Your Student Ride The Bus To School? Yes No

Will Your Student Ride The Bus Home From School? Yes No

RESIDENTIAL PARENT OR GUARDIAN INFORMATION

Residential Parent or Guardian Name	Home Phone	Cell Phone	Work Phone	Email Address

EMERGENCY CONTACT INFORMATION

Emergency Contact Name	Home Phone	Cell Phone	Work Phone	Email Address

HEALTH INFORMATION

Does your child have any of the following? Please check all that apply and complete applicable information:

Allergies Yes No If "yes", are they Mild Severe

If "yes", list allergies _____

If "yes", describe allergic reactions _____

If yes, list allergic treatment _____

Asthma Yes No If "yes", does the student carry an inhaler? Yes No

If "yes", list triggers _____

If "yes", list medications _____

Diabetes Yes No If "yes", Type 1 Type 2

Heart Problems Yes No

Seizures Yes No If "yes", describe _____

Other Health Issues _____

Parent/Guardian Signature _____ Date _____