

# **New Richmond EVSD Transportation Request**

**Students Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Parent/Legal Guardian:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Please list any major medical issues that the bus driver needs to be aware of:**

**Please note: In the event NREVSD is closed for any reason (road conditions, etc.) on a regularly scheduled school day, transportation will not be provided for schools outside of the district.**

**Please contact the transportation supervisor @ 513-553-0266 with any questions.**