

2022-2023 Piqua City Schools Non Public School Bus Rider Form

Piqua City Schools Transportation Department 1 Indian Trl-Suite 12A (back drive of PHS), Piqua, Oh 45356
Office-937-773-1560 email: Transportation@piqua.org website: www.piqua.org

FORMS MUST BE RETURNED NO LATER THAN AUGUST 1, 2022

*Complete separate form for EACH student.

*New forms will be processed as soon as possible and parent will be notified of start date.

*A new form is required each year for each student who needs to ride a Piqua School bus.

STUDENT NAME: _____			
_____	_____	_____	_____
Last Name	First Name	MI	Birthdate
School: _____	Grade: _____	Main Phone Number: _____	
Main Parent/Guardian Address: _____			
_____		_____	_____
Street address		City	State Zip Code
Mother/guardian name: _____	Cell: _____	Work: _____	
Email address: _____			
Father/guardian name: _____	Cell: _____	Work: _____	
Email address: _____			

*You must choose either a home stop **OR** a sitter stop DAILY. We will not pick up at 2 different locations in the AM OR drop off at 2 different locations in the PM BUT you may have a morning stop @ one location DAILY and a sitter stop @ the other location DAILY.*

MY CHILD WILL USE THE BUS STOP CLOSEST TO THE MAIN HOME ADDRESS: AM only _____ PM only _____ BOTH AM & PM _____

OR

CHILDCARE PROVIDER: YES: _____ CHILD CARE PROVIDERS NAME: _____

CHILD CARE PROVIDERS ADDRESS: _____ PHONE: _____

AM ONLY _____ PM ONLY _____ BOTH AM & PM _____

Parent/Guardian Signature: _____ DATE: _____

DOES STUDENT HAVE ANY HEALTH OR BEHAVIOR CONCERNS A DRIVER SHOULD BE AWARE OF:

****FOR KINDERGARTEN PARENTS ONLY****

Piqua City Schools will not drop off a Kindergarten student without adult supervision (even with a sibling present) unless a parent/guardian signs below.

I grant permission for my kindergarten student to be released from the bus without adult supervision.

Parent/Guardian Signature: _____ DATE: _____

OFFICE USE ONLY:	EFFECTIVE DATE: _____	Parent notified: _____	Completed: _____
PICK UP BUS STOP LOCATION: _____			BUS #: _____
DROP OFF BUS STOP LOCATION: _____			BUS #: _____
Approved _____ Denied _____	_____		
	Transportation Director		