

LITTLE MIAMI LOCAL SCHOOL DISTRICT
STUDENT TRANSPORTATION ENROLLMENT FORM
2017-2018 School Year

OFFICE USE ONLY

Student ID _____

VersaTran _____

AM Bus # _____

Pick-up time _____

PM Bus # _____

Drop-off time _____

Reg. Verification _____

Grade _____ New Student _____ Enrolled Student _____ Effective Date _____

Attending School _____ Cincinnati Hills Christian Academy _____ Children's Meeting House

_____ Lebanon Christian _____ St. Francis De Sales _____ St. Margaret of York _____ St. Columban

_____ St. Susanna

Name of Student _____ Date of Birth _____ Male _____

Legal Residence _____ City _____ Zip _____

Home is located between: _____ and _____ Home Phone () _____
Road/Street Road/Street

Subdivision (if applicable): _____

Mother's name _____ Employer _____ Work Phone () _____

Cell Phone () _____

Father's Name _____ Employer _____ Work Phone () _____

Cell Phone () _____

Emergency Contact _____ Relationship to child _____ Phone () _____

Student will be transported to and from the above address: YES _____ NO _____

If YES, _____ AM (to school only) _____ PM (from school only) _____ Both (to and from school)

If NO, complete the Alternate Transportation Information below

_____ PARENT WILL PROVIDE **ALL** TRANSPORTATION FOR THE CHILD

ALTERNATE TRANSPORTATION INFORMATION: The Little Miami School District needs the following information for transportation and other important records. If your child(ren) will be served by a child care provider at an address other than your legal residence, the information below **must** be completed by the parent/guardian and updated annually. This procedure will ensure continuity of transportation services. If your child-care provider changes, a *Change of Child-Care* form **must** be completed by the parent/guardian. *Change of Child-Care* forms are available at each school building. ELEMENTARY STUDENTS WILL BE TRANSPORTED TO INDIVIDUAL CHILD-CARE PROVIDERS WHO LIVE WITHIN THEIR NEIGHBORHOOD SCHOOL BOUNDARIES.

Alternate Care Provider _____ Effective Date _____

Address _____ City _____ Zip _____

Phone () _____

My child will be **picked up** at the alternate address on the following days:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

My child will be **dropped off** at the alternate address on the following days:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Additional Information: _____

In the event your legal residence changes, contact the Central Registrar at (513) 899-5116 or email centralregistration@littlemiamischools.com for a *Change of Address* form. **ALL changes will be managed through the Central Registration Office and must be completed in person.**

Parent/Guardian signature _____ Date _____