

Student Information Sheet

Today's Date _____ School Attending _____

Student's Home Phone Number _____

Student's Home Address _____

Please complete the following information and return it to the Austintown Transportation Department as soon as possible. Failure to provide student information or residency verification will result in exclusion from transportation services. All information should be completed and returned to the Austintown Transportation Department by August 1st.

Student's First Name(Print)

Middle Name(Print)

Last Name(Print)

Date of Birth M/D/Y

Grade for this school year

Parent/Guardian Print Full Name

Phone #

Relationship

Cell #

Parent/Guardian Print Full Name

Phone #

Relationship

Cell #

Emergency Contact(Print)

Phone #

Relationship

Cell #

Please provide any additional information concerning medical conditions, custody, etc. on the back of this form.