

NON-PUBLIC
TRANSPORTATION
REGISTRATION FORM

School Attending: _____

Student Name: _____

Grade (circle one): K 1 2 3 4 5 6 7 8 9 10 11 12 – for school year 20__ /20__ (ex. 21/22)

Date of Birth: _____ Home Phone #: _____

Student's Home Address: _____

Primary Guardians Name: _____

Primary Guardians Relationship: _____ Cell #: _____

Primary Guardians Email: _____

Additional Contacts Name & Relationship to Student: _____

Additional Contacts Cell #: _____ Email: _____

Please Select all that apply:

- Transportation to School:** MON TUES WED THUR FRI
- Transportation Home from School:** MON TUES WED THUR FRI
- Student will not be using Indian Hill School bus transportation.**
- Payment-in-lieu of Transportation is being requested.**
- Other:** _____

Parent/Guardian signature: _____ Date: _____

It may take up to 5 days to arrange transportation for your child.

Please return this form via email or mail:

Indian Hill Exempted Village School District
6200 Drake Rd
Cincinnati, Ohio 45243

Email: diane.spurlock@ihsd.us