

TRANSPORTATION INFORMATION FORM

Pike Delta York Transportation
504 Fernwood St.
Delta, Oh 43515
Jim Wolpert. Supervisor

STUDENT NAME: _____

D.O.B _____ Grade _____ School: _____

HOME ADDRESS: _____

CITY, STATE, ZIPCODE: _____

PARENT'S NAME: _____

PICK UP ADDRESS: _____

DROP OFF ADDRESS: _____

E-MAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT:

NAME: _____ PHONE: _____

(Someone other than yourself that can be reached regarding transportation)

Does your child have an IEP with the school of Attendance?

YES: _____ NO: _____

Does your child have any special health care needs that could arise during transportation?
(Please list anything that could prepare us for emergencies)

Jim Wolpert,
PDY Transportation Supervisor
419-822-3391 Ext. 5126

4/1/11