

# Whitehall City Schools Bus Transportation Registration



20\_\_\_\_ - 20\_\_\_\_

For Office Use Only

Questions call: 417-5122  
Monday - Friday 8 AM to 4 PM

Bus # \_\_\_\_\_

Student's Legal Name \_\_\_\_\_  
Last First Middle

Attending School \_\_\_\_\_ Grade \_\_\_\_\_

## MEDICAL ALERT - Life Threatening or Acute

If your child has a life threatening allergy and/or acute medical condition, please describe and attach appropriate documentation from the physician to allow the bus driver to make necessary accommodations. Condition and necessary accommodations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent[s] Full Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Unlisted? \_\_\_\_\_ Cell phone \_\_\_\_\_

Father/Legal Guardian - Employment \_\_\_\_\_ Work # \_\_\_\_\_

Mother/Legal Guardian - Employment \_\_\_\_\_ Work # \_\_\_\_\_

### Emergency Contacts:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

### Handicapping Conditions:

List any handicapping conditions so we may provide the necessary accommodations for transportation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Allergic Reactions (not life threatening):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Asthma: If your child has been diagnosed with asthma please provide the following information:

Inhaler required on the bus \_\_\_\_ yes \_\_\_\_ no

Frequency of attacks and procedures to follow: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature gives permission for Whitehall City Schools to transport your child to and from his/her designated pick up and drop off location for the 20\_\_\_\_ - 20\_\_\_\_ school year.

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_