

Attn: Bus: _____
Office Use Only

STREETSBORO CITY SCHOOLS
(High School Bus Transportation Form)

Transportation
Office: 330-626-4909
Fax: 330-626-8107
1891 Annalane Dr.
Streetsboro, OH 44241
mjohnson@rockets.sparcc.org

To Parents/Guardians of a Streetsboro City High School student:

If your high school student will be riding the bus to/from school **for the 2011/12** school year, you must register him/her for this service. Parents of upcoming high school students will need to register each year by completing and returning a “**Request for High School Bus Transportation Form**”. Any high school student **who does not register will not be scheduled on routes**. Please do not register for “just in case”. Students not riding the bus **for 5 consecutive** days will be automatically removed from the bus route unless the transportation office is notified otherwise. Let the driver know if your child is involved in a sport. Registered students should be **CONSISTENT RIDERS**. (Not driving some days riding some days)

Bus schedules will be **posted on the school doors and on our website on Wednesday, August 17, 2011**. All Transportation Forms are located on the Streetsboro City Schools Website: www.streetsboroschools.com . Forms are also available in the Streetsboro High School Office or at the Transportation Office located across the street from the high school.

Please allow **three (3)** business days to process form from the time we receive it in the Transportation Office.

If you have any questions please contact the Transportation office at 330-626-4909 or contact us by email mjohnson@rockets.sparcc.org .

Return or fax (330-626-8107) completed form to the Transportation office by **August 10, 2011**. (1891 Annalane Dr. – Across from High School)

****FORMS DUE AUGUST 10, 2011****

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REQUEST FOR HIGH SCHOOL BUS TRANSPORTATION
2011/12 SCHOOL YEAR

REGISTRATION FORM

HIGH SCHOOL STUDENTS ONLY

Please register the following student(s) for bus transportation to school: _____
(check one or both) from school: _____
Check if Maplewood student: _____

NAME: _____ GRADE: _____ D.O.B.: _____

NAME: _____ GRADE: _____ D.O.B.: _____

ADDRESS: _____

TELEPHONE: _____ (CELL) _____

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

****FORMS DUE BY AUGUST 10, 2011****