LITTLE MIAMI LOCAL SCHOOL DISTRICT
STUDENT TRANSPORTATION ENROLLMENT FORM
2009-2010 School Year

OFFICE USE ONLY

Student ID _____

VersaTran _____

AM Bus # _____

Pick-up time
_____

PM Bus # _____

Drop-off time
_____

Grade _____ **New Student**____ **Enrolled Student**____ **Effective Date**_____

Attending School __ LMHS __ LMJH __ LMIS __ Salem Elementary __ Maineville
__ WCCC __ Greentree __ Alternative School

Name of Student _____ Date of Birth _____ Male _____ Female _____

Legal Residence _____ City _____ Zip _____

Home is located between: _____ and _____ Home Phone ( ) _____
Road/Street Road/Street

Subdivision (if applicable): _____

Mother's name _____ Employer _____ Work Phone ( ) _____
Cell Phone ( ) _____

Father's Name _____ Employer _____ Work Phone ( ) _____
Cell Phone ( ) _____

Emergency Contact _____ Relationship to child _____ Phone ( ) _____

Student will be transported to and from the above address: YES____ NO____

If YES, _____ AM (to school only) _____ PM (from school only) _____ Both (to and from school)

If NO, complete the Alternate Transportation Information below

_____ PARENT WILL PROVIDE **ALL** TRANSPORTATION FOR THE CHILD

ALTERNATE TRANSPORTATION INFORMATION: The Little Miami School District needs the following information for transportation and other important records. If your child(ren) will be served by a child care provider at an address other than your legal residence, the information below **must** be completed by the parent/guardian and updated annually. This procedure will ensure continuity of transportation services. If your child-care provider changes, a *Change of Child-Care* form **must** be completed by the parent/guardian. *Change of Child-Care* forms are available at each school building. ELEMENTARY STUDENTS WILL BE TRANSPORTED TO INDIVIDUAL CHILD-CARE PROVIDERS WHO LIVE WITHIN THEIR NEIGHBORHOOD SCHOOL BOUNDARIES.

Alternate Care Provider _____ Effective Date _____

Address _____City _____ Zip _____

Phone ( ) _____

My child will be **picked up** at the alternate address on the following days:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

My child will be **dropped off** at the alternate address on the following days:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Additional Information: _____

In the event your legal residence changes, contact the Central Registrar at (513) 899-5116 or email centralregistration@littlemiamischools.com for a *Change of Address* form. ALL changes will be managed through the Central Registration Office and must be completed in person.

Parent/Guardian signature _____ Date _____

Revised 05/09