

Huber Heights City Schools Transportation

800.9
2/2018

7450 Taylorsville Road
Huber Heights OH 45424
(937) 237-6385 fax (937) 237-1548

Bus Request

Routes determined from registration request forms.
Please clearly print all information.

Start Date: _____

New Student: _____

Student: _____ ID#: _____

Home Address: _____

Home Phone: _____ Daytime Phone: _____

Date of Birth: _____ School: _____ Grade: _____

**Parent/Guardian of Kindergarten students must be at the bus stop to receive student.*

Parent/Guardian: _____

Childcare Provider Name: _____ Phone: _____

Childcare Provider Address: _____

Pick up: _____ Drop Off: _____ Both: _____

Emergency Contact Person & Phone: _____

Special Concerns We Should Know About: _____

My child does not need bus transportation

OFFICE USE ONLY

Date Received: _____ Date Parent Notified: _____

Bus #: _____ Stop Location: _____

Pick Up Time: _____ Drop Off Time: _____