St. Hilary



Copley-Fairlawn City School District 3797 Ridgewood Road Copley, OH 44321-1665 (330) 664-4800 Fax: (330) 664-4811

TRANSPORTATION FORM

New/Withdrawn/Transfer Student

| TO: | TRANSPORTATION DEPARTMENT | | | | | | | | |
|---|--------------------------------|--|----------|---------|-----------------|-------------|-----------|--|--|
| FROM: | (Check one) | ☐ CHS | ☐ CFMS | ☐ APS | □ FIPS | ☐ HPS | ☐ OTHER | R | |
| | Transportation will begin | | | | | | | | |
| Transportation will end | | | | | | | | | |
| RE: | RE: (Check one) | | | | | | | | |
| National American | | Minoromentalis | | | PHILIPPIN STORY | | | | |
| Print Clearly | | | | | | | | | |
| | | | | | | | | | |
| Grade | rade Starting Date New Student | | | | | | Withdrawn | n Date | |
| Student Last Name Student First Name | | | | | | | | | |
| Street Address | | | | City | | | Zip | | |
| Home Phone | | | | D | Daytime Phone | | | Ext. | |
| Cell Phone Student's | | | | | | te of Birth | | | |
| | | | | | | | | | |
| Parent/Legal Guardian | | | | | | | | | |
| Name | | | | | | | | | |
| | | | | | | | | | |
| School Use Only | | | | | | | | | |
| A.M. Bus | # | 00 To Taxable 100 To | Location | | | Time | B | The second control of | |
| P.M. Bus # | / | | Location | | | | | | |
| Noon Bus # Location | | | | | Time | | | The state of the s | |
| Review By | /: | | | as tife | | Date | | | |
| Copy FAXED to: Building Secretary | | | | | | Date | | Initial: | |
| Acknowledged by Transportation Department | | | | | | Date | - | Initial: | |