



3040 Kemp Road, Beavercreek, OH 45431 • www.beavercreek.k12.oh.us • Phone: (937) 426-1522 • Fax: (937) 429-7517

Transportation Phone # 937-429-7531 ext 1 Fax # 937-429-7693 Todd W. Scott, Supervisor, Buildings, Grounds & Transportation

You may also scan/email this form to: tanya.adams@beavercreek.k12.oh.us or lindy.shumaker@beavercreek.k12.oh.us

High School Transportation Information Request Form

EFFECTIVE DATE: _____

1. Student: _____
Last Name First Name

2. Home Street Address: _____

3. City & Zip: _____

4. List additional **high school** students at this address: _____

5. School of Attendance: BHS GCCC Other _____

6. Grade: _____

7. Parent/Guardian Name(s): _____

8. Parent/Guardian Primary Phone Number: _____

9. Parent/Guardian 2nd Phone Number (Optional): _____

10. Bus Service Required: _____ Both AM & PM _____ AM Only _____ PM Only

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Alternate address information – If your pick up/drop off is different than your home address, please enter that information below:

11. Alternate Location:  
Pick-up Address: \_\_\_\_\_

Pick-up City: \_\_\_\_\_ Pick-up Zip: \_\_\_\_\_

Drop-off Address: \_\_\_\_\_

Drop-off City: \_\_\_\_\_ Drop-off Zip: \_\_\_\_\_