

FOREST HILLS TRANSPORTATION

Must be completed and submitted to Forest Hills ANNUALLY.

School _____

Private & Parochial School Transportation Request

Please fill out the information below and return it to us no later than the end of June for the next school year.

Fax, Mail or Email this form directly to our office. Our fax number is: (513) 231-3765

Address: Forest Hills Transportation, 7600 Forest Rd. Cincinnati, Ohio 45255.

Email: Richard.Porter@foresthills.edu or Beverly.Wetterer@foresthills.edu

Student Name _____ Birthdate _____ Grade _____

Address: _____ Zip: _____

Residential Parent or Guardian Name	Home Phone	Cell	Work Phone
Emergency Contact Other than above			

Will your child ride the school bus to school? No ___ Yes ___

Will your child ride the school bus home from school? No ___ Yes ___

HEALTH HISTORY

Does your child have any of the following?

Allergies ___No ___Yes ___Mild ___Severe

If "yes", to what? _____

Describe allergic reaction: _____

How was reaction treated: _____

Asthma ___ No ___Yes ___Mild ___Severe If "yes", complete the following:

Triggers: _____

Medications: _____ Inhaler with child? ___No ___Yes

Diabetes ___No ___Yes Type 1 ___ Type 2 ___

Heart Problems ___ No ___ Yes

Seizures ___ No ___ Yes

Describe: _____

Other health issues _____

If transportation services are not utilized for more than two weeks, your child will be removed from the route(s). If there are extenuating circumstances, please contact our office.

Parent/Guardian Signature: _____ Date _____