

# 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](mailto:Richard.Porter@foresthills.edu) or [Beverly.Wetterer@foresthills.edu](mailto: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 \_\_\_\_\_