TROTWOOD-MADISON CITY SCHOOLS

APPLICATION FOR TRANSPORTATION COMMUNITY SCHOOLS

Date:

	nterpoint Bill or Lea		
Proof of affidavit letter from the school Please print.	o (Acceptance Let	ter)	
Student Name(s)	Gender	Date of Birth	Community School Attending
			•
Parent Name			
Address			Phone
			Filone
Dity	State		
Emergency Contact:			Phone
Your child must be approved in the check with the charter school to see Please contact Transportation as to Please allow them 48 hours to ha	the time and pla	ened. It is up to them ce your child will be p	to start this process.
ransportation phone # - 937-854-	3050 ext 1190 o	r 1189	
temoportation priorito ii cor cor			
our child must carry and show the	bus driver their b	us pass. If they do no	ot have their bus pass,
Your child must carry and show the hey will not be allowed on the bus. Replacement bus passes are \$10 a replacement pass. This bus passes onsidered replacement passes.	.00 each. Your s	student does not need	to be present to obtain
Your child must carry and show the hey will not be allowed on the bus. Replacement bus passes are \$10 or replacement pass. This bus pass	.00 each. Your s	student does not need	to be present to obtain