

BENJAMIN LOGAN LOCAL SCHOOL DISTRICT  
TRANSPORTATION  
937-593-9211 Ext. 1012

Date: \_\_\_\_\_

\_\_\_\_\_ Resident Student \_\_\_\_\_ Open Enrolled Student

Child's Name \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_  
Siblings: \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell/Emergency telephone: \_\_\_\_\_

TRANSPORTATION: \_\_\_\_\_ STUDENT DRIVES \_\_\_\_\_ STUDENT IS BUSSED

**BUS#1-PRIMARY** - Please describe the exact location of your home. (Example-Blue house on the north side of the road, 1/2 mile north of SR 47 on CR 25)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AM & PM \_\_\_\_\_ AM ONLY \_\_\_\_\_ PM ONLY \_\_\_\_\_  
DAYS OF WEEK \_\_\_\_\_ Monday \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri

**BUS#2-ALTERNATIVE BUS** - If your child is to be picked up or delivered to another address other than the above address (Example: babysitter, grandparent, etc.) please complete the section below.

Care Giver's Name \_\_\_\_\_ Telephone: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Please describe the exact location of this home: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AM & PM \_\_\_\_\_ AM ONLY \_\_\_\_\_ PM ONLY \_\_\_\_\_  
DAYS OF WEEK \_\_\_\_\_ Monday \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri

Any additional information or comments (or any other schedule required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_