## Logan Elm Local School District Transportation Registration School Year: 2024-2025

School Use Only		
Driver / Bus #:	/	
PM Slot:		
Pick-Up Time:		
Drop-Off Time:		

Student Information (please print clearly and return form to school or mail to: Logan Elm District Office 9579 Tarlton Road, Circleville, OH 43113 Attention Transportation Department)

Student Name:			
School Building:	Grade:		
Physical Address of	I JUEEL I		
Residence: (no P.O. Box)	City Zip		
Parent/Guardian:			
Phone:	Home:	Mobile:	Other:
Will the above student	be riding school pro	ovided transportation in 2	2024-2025 school year?
□ NO	Sign form below a	nd return to school.	
☐ YES	Complete below so	ection on desired pick-up	/ drop-off locations
<ul> <li>Provide docum</li> </ul>	entation for excepti	ions due to court order.	e 🗆 Child Care Provider
Address:	Street:		
	City:		Zip:
On-Site Contact:	Name:		Phone:
Drop-Off Location:	☐ Same as reside	ence above □ Relativ	ve □ Child Care Provider
Address:	Street:		
	City:		Zip:
On-Site Contact:	Name:		Phone:
	y not be the exact a		consolidated stop sites, your child's approved but one nearby and in compliance with Ohio
Parent/Guardian Signature:			Date: