**Mehlville Transportation Department**

**Student Data Form**

Revised 8/20-TH

2023-2024 School Year

Please ***PRINT*** and fill out the appropriate section

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_

  **Last** **First**

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street # & Name Only

Home School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

School attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student New to Mehlville School District Yes No**

Sitter or Daycare Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM PM

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Provide Sitter /Daycare info if different than home

**\*\*\*Your Student is only allowed to utilize 1 bus stop AM or PM 5 days a week\*\*\***

 **OFFICE USE ONLY**

**STUDENT INFORMATION**

**9 Digit Student ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pick up Bus** #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick up Time: \_\_\_\_\_\_\_\_\_Drop off Time: \_\_\_\_\_\_\_\_\_

Stop location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Drop of Bus** #\_\_\_\_\_\_\_\_\_ Drop off Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AM…or …PM (Please circle student’s Transportation needs)

**PLEASE ALLOW 24 HOURS FOR ROUTING TO BE COMPLETED. Student is not eligible to ride the bus without approval from transportation.**

**SCHOOL: COMMENTS:**

**Fax completed form to (314-467-5296) The Transportation Office.**

Requests are processed in the order they are received. Transportation will email your office with the information as soon as we can. Schools will need to contact the family back with stop information. Please refrain from calling for info while parents wait. Thank You

**Sender’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fax #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**School Office Use Only**