



DOES YOUR CHILD NEED TRANSPORTATION FOR THE 2017-2018 SCHOOL YEAR
MANSFIELD CITY SCHOOLS TRANSPORTATION ENROLLMENT FORM

SCHOOL OF ATTENDANCE: Foundation Acad. GRADE: _____

STUDENT NAME: _____ D.O.B _____

STUDENT ADDRESS _____ ZIP CODE _____

PARENT / GUARDIAN NAME _____ PHONE# _____

MALE _____ FEMALE _____

EMERGENCY CONTACTS AND PHONE NUMBERS

NAME _____ PHONE# _____

NAME _____ PHONE# _____

NAME _____ PHONE# _____

NAME _____ PHONE# _____

NAME _____ PHONE# _____

**IF YOUR CHILD IS BEING TRANSPORTED TO A DAYCARE OR BABYSITTER, PLEASE
FILL OUT THE INFORMATION BELOW:**

A.M. _____ P.M. _____ BOTH A.M & P.M. _____ (CHECK ONE)

NAME OF DAYCARE / SITTER: _____

ADDRESS OF DAYCARE / SITTER: _____

PHONE # OF DAYCARE / SITTER: _____

**ONE AUTHORIZED STOP IN THE A.M. & ONE AUTHORIZED STOP IN THE P.M.
FOR THE SAFETY OF THE CHILDREN.**

PLEASE CALL THE TRANSPORTATION DEPT. WITH ANY QUESTIONS: (419) 525-6303