

***Please fill out and return to school office ASAP!**

**DOES YOUR CHILD NEED TRANSPORTATION FOR THE 2018-2019 SCHOOL YEAR
MANSFIELD CITY SCHOOLS TRANSPORTATION ENROLLMENT FORM**

SCHOOL OF ATTENDANCE: Foundation Academy GRADE _____

STUDENT NAME _____ D.O.B _____

STUDENT ADDRESS _____ ZIP CODE 4490

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. AND P.M. _____ (CHECK ONE)

NAME OF DAYCARE / SITTER: _____

ADDRESS OF DAYCARE/SITTER _____

PHONE # OF DAYCARE/SITTER: _____

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

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