

PATRIOT



PREPARATORY ACADEMY

REYNOLDSBURG DISTRICT BUS APPLICATION

Student Last Name **Student First Name**

House No. **Street Name** **City** **Zip**

Grade () **Home Phone No.**

Parent/Guardian Name _____

Work or Emergency Phone No. () _____

Parent/Guardian Name _____

Work or Emergency Phone No. () _____

Emergency Contact Name Other Than Parent/Guardian _____

Relationship _____ **Phone No.** () _____

AM Address If Different Than Above (ONLY If Same District) **Phone No.**

PM Address If Different Than Above (ONLY If Same District) **Phone No.**

BUS TRANSPORTATION NEEDED	AM PICK-UP	YES	NO
(PLEASE CIRCLE)	PM DROP-OFF	YES	NO

Parent/Guardian Signature