

**STUDENT TRANSPORTATION ENROLLMENT FORM
PATRICK HENRY LOCAL SCHOOLS**

*Chad Klinge, Director of Operations
419-274-3015*

STUDENT FIRST NAME: _____ **STUDENT LAST NAME:** _____

D.O.B.: _____ **GRADE:** _____

HOME STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TRANSPORTATION NEEDED: ____ **YES** ____ **NO**

PARENTS NAME: _____

PICK UP ADDRESS: _____

DROP OFF ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____

Does your child have any special healthcare needs that could arise during transportation? Please list anything that could prepare us for emergencies.

(Parent/Guardian signature)

(Date)

The enrollment form is due July 1st. The preference is to have your child return the form to their homeroom teacher. The completed forms may also be submitted by mail, email, or fax:

Mail
Chad Klinge
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Hamler, OH 43524
Office : 419-274-0811

Email
Chad Klinge
cklinge@phpatriots.org

Fax
% Chad Klinge
877-275-8939 (fax)