

Transportation & Emergency Dismissal Information



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Name of Child(ren): _____ Home Address: _____

Mother's Name: _____ Cell Ph. _____ Work Ph. _____

Father's Name: _____ Cell Ph. _____ Work Ph. _____

To School:

MON Bus ____ Car ____ Walk ____ Child Care ____
TUE Bus ____ Car ____ Walk ____ Child Care ____
WED Bus ____ Car ____ Walk ____ Child Care ____
THU Bus ____ Car ____ Walk ____ Child Care ____
FRI Bus ____ Car ____ Walk ____ Child Care ____

From School:

MON Bus ____ Car ____ Walk ____ Child Care ____
TUE Bus ____ Car ____ Walk ____ Child Care ____
WED Bus ____ Car ____ Walk ____ Child Care ____
THU Bus ____ Car ____ Walk ____ Child Care ____
FRI Bus ____ Car ____ Walk ____ Child Care ____

Child Care Provider Information:

Name: _____ Phone: _____

Address: _____

Car Pool Information:

The following persons have permission to transport my child(ren).

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Please list two people to be contacted in the event of an emergency if the parent cannot be contacted:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

In case of an emergency early dismissal, my child(ren) will:

_____ Follow the usual transportation plan as specified above.

_____ Follow another plan. (Please specify) _____

This form will be a permanent record of your child(ren's) transportation information. A new form must be completed if there are any changes in transportation.

Parent's Signature: _____ Date: _____