



BEACHWOOD CITY SCHOOLS TRANSPORTATION DEPARTMENT STUDENT INFORMATION SHEET

For new registrations and change of address, phone or contact information

Name of Student: _____ Male/Female _____

Address: _____

Home Phone: _____

School of Attendance: _____ School Year 20__ - 20__

Grade: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Work Phone: _____ (Father) _____ (Mother)

Cell Phone: _____ (Father) _____ (Mother)

Emergency Contact - Name: _____

Phone: _____

Name(s) of other person(s) authorized to receive children who attend
Fairmount, Bryden or Hilltop: _____
