MANSFIELD CITY SCHOOL TRANSPORTATION

NON-PUBLIC TRANSPORTATION REGISTRATION for 2026-2027

School of Attendance: _____

STUDENT ID #: _____ **DATE OF BIRTH:** _____ **GRADE:** _____

STUDENT NAME: _____

STUDENT'S RESIDENTIAL ADDRESS: _____ **ZIP:** _____

PARENT/GUARDIAN NAME: _____ **PHONE:** _____

PARENT'S EMAIL: _____

EMERGENCY CONTACT:
NAME: _____ **PHONE:** _____

NAME: _____ **PHONE:** _____

IF YOUR CHILD NEEDS TRANSPORTATION TO/FROM A COMMERCIAL DAYCARE, FILL OUT THE INFORMATION BELOW. NO OTHER ALTERNATE SITES WILL BE APPROVED.			
Circle ONE:	**A.M.**	**P.M.**	**BOTH A.M. & P.M.**
NAME OF DAYCARE:			
ADDRESS OF DAYCARE:			
PHONE # OF DAYCARE:			

ONE AUTHORIZED BUS STOP IN THE A.M. AND ONE AUTHORIZED BUS STOP IN THE P.M. FOR THE SAFETY OF THE STUDENT.

Please contact the Mansfield City Schools TRANSPORTATION DEPT. for further information. Email to: transportation@mansfieldschools.org