

**Orange Public Transportation (OPT) Transportation Request/Information**

**For: Orange County SportsPlex / KidsPlex**

**Office: 919-644-0339 ext 228 // Fax: 919-644-2120**

**Date of Request:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Date to Start Riding:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**1. New** \_\_\_\_\_ **Change** \_\_\_\_\_ **Delete:** \_\_\_\_\_

<p><b>2. Child's Name</b> _____</p> <p><b>3. Gender:</b> M    F                      <b>4. DOB:</b> ____/____/____</p> <p><b>5. Begin Date:</b> ____/____/____    <b>End Date:</b> ____/____/____</p> <p><b>6. Pick Up From (school):</b>    New Hope    Grady Brown    Pathways    Central</p>
<p><b>7. Primary Contact:</b> Parent/Guardian Name: _____</p> <p><b>8. Home Address:</b> _____ _____</p> <p><b>9. Work # :</b> _____ <b>Home #:</b> _____ <b>Cell #:</b> _____</p> <p><b>10. If your child has any special conditions such as asthma that may require attention during the bus ride, please describe condition as well as treatment (use the back if you need more space):</b> _____ _____</p> <p><b>11. Preferred Hospital:</b> _____</p>
<p><b>12. Emergency Contact:</b> _____</p> <p><b>Address:</b> _____ _____</p> <p><b>Work #:</b> _____ <b>Home #:</b> _____ <b>Cell #:</b> _____</p> <p><b>Relationship to Child:</b> _____</p>

**13. Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**14. KidsPlex Authorizing Staff Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_