

**TRANSPORTATION REQUEST FORM
MIDVIEW LOCAL SCHOOLS 2019-2020**

Date Received _____

IMPORTANT: A NEW TRANSPORTATION REQUEST FORM MUST BE SUBMITTED EACH SCHOOL YEAR.

In order for your child to be picked up/dropped off at a residence other than where they reside, this form must be completed and returned to your child's school or the Superintendent Office at 13050 Durkee Rd. Grafton, OH 44044. You may also drop it off or mail it to the Transportation Dept. at 37901 W. Capel Rd.

Reason for request: ___ Open Enrollment ___ Shared Parenting ___ Babysitter ___ Other

CHILD'S NAME SCHOOL ATTENDING GRADE

HOME ADDRESS CITY ZIP HOME PHONE#

PARENT/GUARDIAN NAME WORK PHONE CELL PHONE

PARENT/GUARDIAN NAME WORK PHONE CELL PHONE

I would like my child (ren) transported to and or dropped off at the following location:

NAME OF CHILD CARE PROVIDER _____ PHONE _____

ADDRESS _____
(If not being picked up/dropped off at someone's residence, please indicate preferred bus stop)

WHEN WILL YOUR CHILD REQUIRE TRANSPORTATION? (SCHEDULE MUST ALWAYS BE THE SAME)

___ Before School Only ___ After School Only ___ Before and After School

Date Requested to begin _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PLEASE NOTE

1. To avoid a delay in your students' transportation, all requests **must be received by August 1st.**
2. After start of school a (2) two day wait period will be enforced.
3. Requests will be handled in the order received and will only be granted if there is room on the bus.
4. **Routes will not be changed to accommodate requests.**
5. A (5) five day notice should be given for any requests/changes. **Only one change per year is PERMITTED.**
6. This approval will be withdrawn if the bus reaches capacity mandated by law.
7. A bus pass issued by the building principal will be issued for **emergency** requests only.
8. Students will be picked up/dropped off within the Midview School District only.

APPROVED TO BEGIN _____ AM BUS # _____ PM BUS # _____

TRANSPORTATION SUPERVISOR/DESIGNEE _____