

**TRANSPORTATION REQUEST FORM
MIDVIEW LOCAL SCHOOLS**

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's Office at 13050 Durkee Rd., Grafton, OH 44044.

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

CHILD'S NAME _____ SCHOOL _____ GRADE _____

HOME ADDRESS _____ CITY _____ ZIP _____ HOME PHONE _____

PARENT/GUARDIAN NAME _____ WORK PHONE _____ CELL PHONE _____

I would like my child(ren) transported to the following location.

NAME _____ 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 _____

APPROVED TO BEGIN _____

AM BUS # _____ **PM BUS #** _____

- PLEASE NOTE -

1. All requests must be received two weeks before the start of school. Any requests received after the stated timeframe may not be approved until the second week of school.
2. Requests will be handled in the order received and will only be granted if there is room on the bus.
3. Routes **will not** be changed to accommodate requests.
4. Five days notice should be given for requests/changes. **Only one change per year.**
5. This approval will be withdrawn if the bus becomes too crowded.
6. A bus pass issued by the building principal will be issued for emergency requests only.
7. Students will be picked up/dropped off within the Midview District only.