

**TRANSPORTATION REQUEST FORM  
MIDVIEW LOCAL SCHOOLS**

Date Received: \_\_\_\_\_

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 1010 Vivian Dr.; 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 \_\_\_\_\_

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?**

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 This approval will be withdrawn if the bus becomes too crowded.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.