TRANSPORTATION REQUEST FORM





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 the Transportation Dept either via email (sue.cole@alcsoh.org) or via USPS at 33480 Pin Oak Parkway, Avon Lake, OH 44012.

Reason for request (select one): Ch	illdcare: Shared	d Parenting:
STUDENT(S) NAME	SCHOOL	GRADE
HOME ADDRESS	HOME PHONE	
PARENT/GUARDIAN NAME	WORK PHONE	CELL PHONE
PARENT/GUARDIAN NAME	WORK PHONE	CELL PHONE
I would like my student(s) transport	ted to the following location	ı .
NAME	PHONE	
ADDRESS(Private daycare provider WHEN WILL YOUR CHILD REQUIRE TO Before School Only	FRANSPORTATION?	
Date requested to begin:		
PARENT/GUARDIAN SIGNATURE		
	For Office Use On	ly
Date Request Received	APPROVED TO BEGIN_	
AM BUS# PM	BUS#	

- 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. Please list licensed daycare provider (ex: Goddard School, Good Kids, Kindercare, etc.) that student(s) will attend. Daycare at a residence must be within the student(s) elementary district.
- 4. Student(s) cannot have more than one afternoon stop. (ie: home 2 days and daycare 3 days).
- 5. A bus pass issued by the building principal will be issued for emergency requests only.
- 6. Five days' notice should be given for requests/changes.