

# ELMWOOD LOCAL SCHOOLS PRESCHOOL TRANSPORTATION FORM

Transportation Request for:  New Student  Change in Pick Up and/or Drop Off  Address Change

Preschool: AM / PM

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Teacher \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Parent/Guardian/Foster Parent Name \_\_\_\_\_

Student Resides with:  Mother/Father  Mother  Father  Guardian  Foster Parent  Other

Home Phone \_\_\_\_\_ Mother Work Phone \_\_\_\_\_ Mother Cell Phone \_\_\_\_\_

Father Work Phone \_\_\_\_\_ Father Cell Phone \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

**Preschool Transportation is provided for students living in the district for mid-day, which bring in the PM class and takes home the AM class. Riding on the elementary bus may be an option if requested.**

### **OPTIONS FOR *AM* PRESCHOOLERS:**

Date to Begin \_\_\_\_\_

• **HOW WILL MY CHILD GO TO PRESCHOOL? (Check One):**

I will be driving my child to preschool.

My child will be riding the elementary bus from our **home address** (residence/village bus stop) to school.  
(Sibling name \_\_\_\_\_)  
(Preschool students who request to ride the elementary bus will follow the same rules as K-4 students.)

My child will be riding the elementary bus from a **care provider** (residence/village bus stop) to school.  
(Sibling name \_\_\_\_\_) (Please complete care provider information on back) (Prior approval required)

• **HOW WILL MY CHILD GO HOME FROM PRESCHOOL? (Check One):**

I will be picking up my child after preschool

My child will be riding the preschool bus **home address** after school.

My child will be riding the preschool bus to a **care provider** after school. (Please complete care provider information on back)

### **OPTIONS FOR *PM* PRESCHOOLERS:**

Date to Begin \_\_\_\_\_

• **HOW WILL MY CHILD GO TO PRESCHOOL?: (Check One)**

I will be driving my child to preschool.

My child will be riding the preschool bus from our **home address** to school.

My child will be riding the preschool bus from a **care provider** to school. (Please complete care provider information on back)

• **HOW WILL MY CHILD GO HOME FROM PRESCHOOL?: (Check One):**

I will be picking up my child after preschool.

My child will be riding the elementary bus to our **home address** (residence/village bus stop).  
(Sibling name \_\_\_\_\_) (Preschool students who request to ride the elementary bus will follow the same rules as K-4 students. **An adult should be at the bus stop to meet the preschooler...unless other arrangements have been approved.**)

My child will be riding the elementary bus to a **care provider** (residence/village bus stop) after school.  
(Sibling name \_\_\_\_\_). (Please complete care provider information on back) (Prior approval required)

OFFICE USE: Notified:  Driver  Office/Teacher  Parent  Off AM Route  Off Mid Route  Off PM Route

Entered:  Computer  Assigned AM  Assigned PM  Route Sheet  On AM Route  On Mid route  On PM Route

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**ALTERNATE TRANSPORTATION (Must be completed if requesting to ride form/to a care provider.)**

- Form must be completed each school year and submitted by July 1. Requests received after July 1, may not be processed until after the beginning of the school year.
- Requests made during the school year may take up to 3 school days to begin. Approval will depend on care provider address being located on an existing bus route for current school year and availability of space on bus.

Care Provider Name \_\_\_\_\_ Phone # \_\_\_\_\_

Care Provider Address \_\_\_\_\_

	<b>CARE PROVIDER OR HOME</b>
Pick Up (Must be same all 5 days)	
Drop Off (Must be same all 5 days)	

The signature below of the parent/guardian constitutes an acknowledgement of and agreement with each of the following items:

- A. The above named student must be picked up at the same approved bus stop, Monday through Friday.
- B. The above named student must be dropped off at the same approved bus stop, Monday through Friday.
- C. The pick up and drop off locations may be different from one another.
- D. Existing bus routes may not be modified to accommodate this request.
- E. A child's bus schedule can only be changed with a note for an emergency situation.
- F. Only requests for long-term change will be approved.
- G. Change will not begin until you have been contacted by the Transportation Supervisor. May take up to 3 school days.
- H. If a request is approved, it can be revoked by the Transportation Supervisor.
- I. Proof of residency when enrolling or when moving to a new address within the district is required.

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_