



**ELMWOOD LOCAL SCHOOLS
STUDENT TRANSPORTATION REQUEST**



Transportation Request for: New Student Change in Address Pick up and/or Drop off

Student's Name _____ Grade _____ School _____ Elem Teacher _____

Address _____ City _____ Zip _____

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: _____

TRANSPORTATION (Home Address)

Date to Begin: _____

My child will be transported by private vehicle to and from school.

My child will ride the bus AM & PM - home address. Bus stop assigned may be a group stop within one-half of your home.

ALTERNATE TRANSPORTATION (Care Provider)

Date to Begin: _____

I am requesting the above named student be **PICKED UP** and/or **DROPPED OFF** at a bus stop within one-half mile of the following alternate address:

- **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 _____

CARE PROVIDER OR HOME	
AM Pick Up (Must be same all 5 days)	
PM 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:

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

PARENT/GUARDIAN SIGNATURE _____ **Date** _____

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

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