

MIAMISBURG CITY SCHOOLS --- Fax # 865-5255

APPLICATION FOR ALTERNATIVE TRANSPORTATION

(Ref Ohio Rev. Code 3301-83-13)

EFFECTIVE AUGUST 11, 2016 THROUGH MAY 23, 2017

DATE OF APPLICATION: _____ SCHOOLS: (HOME) _____ (ENROLLED) _____

STUDENT(1): _____ (GRADE) _____ STUDENT(2): _____ (GRADE) _____

STUDENT(3): _____ (GRADE) _____ STUDENT(4): _____ (GRADE) _____

PARENT OR GUARDIAN: _____

ADDRESS: _____ CITY/STATE/ZIP _____

*******(This MUST be the address on file at the school. If not you need to correct at school first.)**

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

(Note: The following information pertains to the Adult responsible at new bus stop)

CAREGIVER/PARENT NAME: _____ RELATIONSHIP: _____

STREET ADDRESS: _____ CITY/STATE/ZIP _____

HOME PHONE: _____ WORK PHONE: _____ OTHER PHONE: _____

REQUESTED TRANSPORTATION SCHEDULE

(Please write "H" for home stop and "C" for caregiver stop)

START DATE OF CHANGE: _____ **(minimum three days from date at top of this form)**

PICK-UP: MON ___ TUES ___ WED ___ THUR ___ FRI ___ VARIOUS ___ CAR RIDER ___

DROP-OFF: MON ___ TUES ___ WED ___ THUR ___ FRI ___ VARIOUS ___ CAR RIDER ___

DOES THIS INVOLVE AN INTRA-DISTRICT TRANSFER? YES _____ NO _____ (elementary-age only)

(TRANSPORTATION WILL NOT BE AUTHORIZED WITHOUT OFFICIAL CONFIRMATION OF INTRA-DISTRICT TRANSFER)

AGREEMENT AND RULES

1. Transportation will only be provided to/from primary residence and a childcare provider residence within elementary enrollment boundary.
2. We do not transport to/from Day Care Centers, places of Employment, other schools or outside of the school attendance boundary (incl PS/KG).
3. Any change requires three (3) business days for processing.

I, the legal and custodial guardian, have read and understand the above-mentioned guidelines for Alternative Transportation. I know that I am responsible to make sure that the caregiver is aware of all bus rules and regulations; and that adult supervision is district-recommended at bus stops. I also understand that there is a waiting period for this change to become effective and will make arrangements for transportation until completed.

This information will NOT rollover to next school year.

PARENT SIGNATURE: _____ (LIVES AT ADDRESS RECORDED AT SCHOOL)

PARENT SIGNATURE: _____ (LIVES AT ALTERNATE ADDRESS IF INDICATED)

FOR OFFICE USE ONLY:

Student Name	ID#	Home Bus Information			Alternate Bus Information			Daily? Y or N	PRN? Y or N
		a.m. bus	Mid bus	p.m. bus	a.m. bus	Mid bus	p.m. bus		

Processed By: _____ Date Processed: _____