

**MIAMISBURG CITY SCHOOLS --- Fax # 865-5255**

**APPLICATION FOR ALTERNATIVE TRANSPORTATION**

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

**EFFECTIVE JULY 1, 2017 THROUGH JUNE 30, 2018**

DATE OF APPLICATION: \_\_\_\_\_ SCHOOLS: (HOME) \_\_\_\_\_ (ENROLLED AT) \_\_\_\_\_

STUDENT(1): \_\_\_\_\_ (GRADE) \_\_\_\_\_ STUDENT(2): \_\_\_\_\_ (GRADE) \_\_\_\_\_

STUDENT(3): \_\_\_\_\_ (GRADE) \_\_\_\_\_ STUDENT(4): \_\_\_\_\_ (GRADE) \_\_\_\_\_

PARENT/ 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)**

NON RESID PARENT OR CAREGIVER 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 OR 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/GUARDIAN SIGNATURE: \_\_\_\_\_ (LIVES AT ADDRESS RECORDED AT SCHOOL)

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ (LIVES AT ALTERNATE ADDRESS IF INDICATED)

CAREGIVER SIGNATURE (UNLESS NON-RESIDENTIAL PARENT) \_\_\_\_\_

**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: \_\_\_\_\_