

2018-2019

Elida Local Schools

Alternate Address Transportation Request

Student's
 Last Name: _____ Child #1: _____ Building _____ Grade: _____
 Home
 Address: _____ Child #2: _____ Building _____ Grade: _____
 City: _____ Zip Code: _____ Child #3: _____ Building _____ Grade: _____
 Home Phone: _____ Child #4: _____ Building _____ Grade: _____
 Parent's Name: _____ Alternate Phone (cell) _____

Complete this section **ONLY** if your child will be picked up for school or delivered home from school each day at an address different than the home address. A designated bus stop will be assigned based on this information.

Alternate household address for before school pick-up:

Alternate household address for after school drop-off:

House number and Street _____

House number and Street _____

Name of resident at this address _____

Name of resident at this address _____

Relation to student(s) _____

Relation to student(s) _____

Resident's phone number's _____

Resident's phone number's _____

Notes: _____

Effective Date **MUST have 24 hours notice to process**

Parent Signature _____

Date _____

Return to: Bobbi @ Elida Local Schools 4380 Sunnydale Elida, Ohio 45807 FAX419-331-1656 Deadline: AUG 1 ST.

Board of Education Policy on Bus Stop location :

“Each pupil is assigned one designated bus stop for the pickup address and one designated bus stop for the drop off address. This stop may be for the home residence or a sitter location but must in all cases be a residence or a daycare facility, and at no time be for a business location. These stops must remain constant, consistent and not be changed on a day-to-day, weekly or other basis.”

FOR OFFICE USE ONLY

Bus Number for Pick-up	AM shuttle	Bus Number for Drop-off	PM shuttle
Child #1 _____	_____	Child #1 _____	_____
Child #2 _____	_____	Child #2 _____	_____
Child #3 _____	_____	Child #3 _____	_____
Child #4 _____	_____	Child #4 _____	_____