

# Elida Local Schools 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 \_\_\_\_\_

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

<u>Household to be picked up at:</u>  _____ Number and Street  _____ Name of resident at this address  _____ Relation to students  _____ Resident's phone number's  _____ Comments: _____  _____ Effective Date: _____	<u>Household to be delivered to:</u>  _____ Number and Street  _____ Name of resident at this address  _____ Relation to students  _____ Resident's phone number's  _____ Parent Signature _____ Date
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**Return to: Bobbi, Elida Local School 4380 Sunnydale Elida, Ohio 45807 FAX419-331-1656**

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."

<b>FOR OFFICE USE ONLY</b>		
Bus Number for Pickup	Bus Number for Delivery	PM shuttle
Child #1 _____	Child #1 _____	_____
Child #2 _____	Child #2 _____	_____
Child #3 _____	Child #3 _____	_____
Child #4 _____	Child #4 _____	_____