

Date of Information \_\_\_\_\_

**Student Transportation Request**

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_ Gr. \_\_\_\_\_ Building \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_ Gr. \_\_\_\_\_ Building \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_ Gr. \_\_\_\_\_ Building \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_ Gr. \_\_\_\_\_ Building \_\_\_\_\_

Parent's Names: \_\_\_\_\_

HOME Address (where you live): \_\_\_\_\_

Mailing Address (if different from residence): \_\_\_\_\_

City: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

- New to District
- Change of Address
- Changes Listed Below

- Student walks to and from school
- No transportation needed at this time
- Student will get **on** the bus **at HOME** M / T / W / TH / F
- Student will get **off** the bus **at HOME** M / T / W / TH / F

COMPLETE BOTH SIDES

If the above information completes your students' transportation needs STOP HERE.

If student need one (1) additional pick-up/drop off address, please complete the remainder of this form.

- Student will get **on** the bus at additional **Pick-up Address** M / T / W / TH / F
  - Please list one (1) additional **Pick-up Address:** \_\_\_\_\_  
House #, Road # or Street Name City
- \_\_\_\_\_
- Person's Name at pickup address Phone

- Student will get **off** the bus at additional **Drop-off Address** M / T / W / TH / F
  - Please list one (1) additional **Drop-off Address:** \_\_\_\_\_  
House #, Road # or Street Name City
- \_\_\_\_\_
- Person/*Employer's* Name at drop off address Phone

- Additional drop off is an after school job.

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**Transportation Office Only**

Bus Route AM \_\_\_\_\_ Additional Route AM \_\_\_\_\_ Informed Parent \_\_\_\_\_

Bus Route PM \_\_\_\_\_ Additional Route PM \_\_\_\_\_ Date entered in Versa Trans \_\_\_\_\_

## West Holmes Local School District Alternative Transportation Form

This form will allow your child to safely use alternative transportation (any transportation other than the **officially designated school bus/route**). Please fill out and sign this form to provide your alternate transportation requests to school personnel.

School \_\_\_\_\_

Child's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

will be transported **to school** by \_\_\_\_\_  
Parent / Daycare Provider / Alternate Bus on the  
following designated days:  
Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

will be transported **from school** by \_\_\_\_\_  
Parent / Daycare Provider / Alternate Bus  
on the following designated days:  
Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

Name of Daycare \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Name of Sitter \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Effective Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

West Holmes Schools & Transportation Coordinator  
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330-674-1600