

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 #: _____	
<input type="checkbox"/> New to District	<input type="checkbox"/> Change of Address	<input type="checkbox"/> 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

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.

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 _____