

## 2019/2020 BUS REQUEST FORM

Please complete this form in order for the transportation department to establish the routes for the 2019/2020 school year.

- Bussing procedures and information are found in this newsletter. You may also find the procedures on the schools website at [www.loramie.k12.oh.us](http://www.loramie.k12.oh.us) under Transportation.
- All requests and changes must be made through the Superintendent's Office using the Bus Request Form.
- Please complete this paperwork as accurately as possible. Please make sure to give complete addresses & phone numbers
- If you have any questions, please call Deb in the District Office (937) 295-3931.

To allow bus drivers the opportunity to learn their routes, there will be no changes for any reason to bus routes during the first two (2) weeks of school

### PARENT INFORMATION

Names: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### CHILD(REN) INFO

|                | <u>2019/2020</u> | <u>Will Ride the Bus</u>                                 | <u>Town Stop</u>   |
|----------------|------------------|--|--|
| Student: _____ | Grade _____      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Student: _____ | Grade _____      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Student: _____ | Grade _____      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Student: _____ | Grade _____      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Student: _____ | Grade _____      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### REGULAR DAILY TRANSPORTATION TO AND FROM SCHOOL

AM Pick-Up Address: \_\_\_\_\_ PM Drop Off Address: \_\_\_\_\_  
\_\_\_\_\_

Days: \_\_\_\_\_ Days: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
(Person responsible for child at this address) (Person responsible for child at this address)

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Parent, Grandparent, Babysitter etc.) (Parent, Grandparent, Babysitter etc.)

Route Bus  Town Stop  Parent Drop Off  Route Bus  Town Stop  Parent Pick Up

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_