

**2019/2020 BUS REQUEST FORM**  
**(Only if changed from 2018/2019)**

If you have transportation changes for school year 2019/2020 that differ from school year 2018/2019, please complete this form and turn in ASAP. Completed forms can be returned to each school buildings main office, Board of Education office, or mailed to: Fort Loramie Local Schools, P. O. Box 26, Fort Loramie, Ohio 45845.

- All requests and changes must be made through the Superintendent's Office using this Bus Request Form.
- The deadline for receiving this information is July 1, 2019. Changes after July 1, 2019 must use this form as well.
- Please complete this paperwork as accurately as possible. IF there are no transportation changes, no need to fill out & return.
- **Copies of the bus procedures and form are available by visiting the district website at [www.loramie.k12.oh.us](http://www.loramie.k12.oh.us), under transportation.**

To allow bus drivers the opportunity to learn their routes, there will be no changes for any reason to bus routes for the first two weeks of school. The last day to make any changes in bussing before the beginning of the 2019/2020 school year will be Friday, August 9, 2019.

**PARENT INFORMATION**

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

**CHILD(REN) INFO**

	<b><u>2019/2020</u></b>	<b><u>Will Ride the Bus</u></b>	<b><u>Town Stop</u></b>
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: \_\_\_\_\_