

2020/2021 BUS REQUEST FORM
(Only if changed from 2019/2020)

If you have transportation changes for school year 2020/2021 that differ from school year 2019/2020, 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.
- 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, 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 2020/2021 school year will be Monday, August 17, 2020.

PARENT INFORMATION

Names: _____ Home Phone: _____
Street Address: _____ Cell Phone: _____
City: _____ Cell Phone: _____
Email: _____

CHILD(REN) INFO

	<u>2020/2021</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: _____