

2023/2024 BUS REQUEST FORM

Please complete this form in order for the transportation department to establish the routes for the 2023/2024 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 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>2023/2024</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: _____