Indian Hill Exempted Village School District
Transportation Department
6200 Drake Road, Cincinnati, OH 45243
Phone: (513) 272-4531 Fax: (513) 272-4535
Email: contact.bus@ihsd.us

LONG TERM ALTERNATIVE TRANSPORTATION REQUEST FORM

In order for parents to designate any alternative transportation, a signed waiver must be on file with the Indian Hill School District. Requests for long term alternative transportation must be submitted to the Transportation Department. Please allow up to one week for the Transportation Department to consider your request.

Note: Alternative transportation requests will only be approved for designated and adopted bus stops within the Indian Hill School District.

Student Full Name: _____ Student ID Number: _____

Home Phone: _____ Parent Daytime Phone: _____

Student Home Address: _____

School Building: Primary (K-2) Middle (6-8)

Elementary (3-5) High (9-12)

Student Grade (K-12): _____ Student Homeroom: _____

Current Bus Number: _____ Current Bus Stop: _____

REQUESTED SCHEDULE

Day	Pick-Up Location	Drop-Off Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Effective date of new schedule: _____

_____ _____
Parent/Legal Guardian signature Date

For office use only

☐ Approved ☐ Waiver on File ☐ Denied

☐ Driver Advised ☐ Bus Pass Issued ☐ Please Advise Driver

_____ _____
Transportation Signature Date

Comments: _____