

**INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT  
TRANSPORTATION DEPARTMENT**

6200 Drake Road  
Cincinnati, Ohio 45243  
Office: 272-4531 - Fax: 272-4535

**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.

STUDENT NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
(please print)

STUDENT ADDRESS \_\_\_\_\_ PARENT DAYTIME PHONE \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ HOMEROOM \_\_\_\_\_

STUDENT'S GRADE (circle one) K 1 2 3 4 5 6 7 8 9 10 11 12

PRESENT BUS NUMBER \_\_\_\_\_ AND STOP \_\_\_\_\_

**REQUESTED SCHEDULE:**

**DAY**                      **PICK-UP LOCATION**                      **DROP-OFF LOCATION**

**MONDAY** \_\_\_\_\_

**TUESDAY** \_\_\_\_\_

**WEDNESDAY** \_\_\_\_\_

**THURSDAY** \_\_\_\_\_

**FRIDAY** \_\_\_\_\_

**EFFECTIVE DATE OF NEW SCHEDULE** \_\_\_\_\_

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NOTE:**     **ALTERNATIVE TRANSPORTATION REQUESTS WILL ONLY BE APPROVED FOR DESIGNATED AND ADOPTED BUS STOPS WITHIN THE INDIAN HILL SCHOOL DISTRICT.**

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(this portion for office use only)

**APPROVED**                      **WAIVER ON FILE**                      **DENIED**  
**DRIVER ADVISED**              **BUS PASS ISSUED**              **PLEASE ADVISE DRIVER**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_