INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
6200 Drake Road
Cincinnati, Ohio 45243
Office: 272-4531 - Fax: 272-4535

SHORT 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. Request for short term alternative transportation must be submitted to the office of the student’s school at least two (2) days in advance of the day for which the bus pass is being requested.

STUDENT NAME ___________________________ HOME PHONE ________________________

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 ____________________________________________

ALTERNATIVE STOP REQUESTED __________________________________ BUS NUMBER ______

PICK-UP DROP-OFF BOTH (circle one)

REQUESTED STARTING DATE ___________________________ ENDING DATE ________________________

PARENT’S SIGNATURE ___________________________ DATE ________________________

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

(this portion for office use only)

APPROVED WAIVER ON FILE DENIED

DRIVER ADVISED PLEASE ISSUE BUS PASS BUS PASS ISSUED PLEASE ADVISE DRIVER

SIGNATURE ___________________________ DATE ________________________

COMMENTS ____________________________________________