

Student Full Name:

Indian Hill Exempted Village School District Transportation Department

6200 Drake Road, Cincinnati, OH 45243 Phone: (513) 272-4531 Fax: (513) 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.

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

Student ID Number

		Parent Daytime Phone:
itudent Home Address: _		
School Building:	Primary (K-2)	Middle (6-8)
	Elementary (3-5)	High (9-12)
Student Grade (K-12):	St	udent Homeroom:
Current Bus Number:		Current Bus Stop:
	REQUESTE	O SCHEDULE
Day		Drop-Off Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
ffective date of new sche	edule:	
Parent/Le	egal Guardian signature	Date
— ,	_	
☐ Approved	☐ Waiver	
☐ Driver Advised	d Bus Pass	Issued
Transportation Signature		