

Transportation Request

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ AM or PM Class \_\_\_\_\_

Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Request for transportation for eligible bus riders.*

Parent/Guardian Signature \_\_\_\_\_

**\*\*If request approved, you will be contacted with stop location and bus schedule.**

**If you decide you no longer need bussing services for your child, please let me know immediately.**

*Thank you,  
Wilma Sylak, Transportation Coordinator  
330-530-8051 ext. 1006*

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**TRANSPORTATION REQUEST - APPROVED DENIED**

**IF APPROVED - STOP LOCATION AND TIMES:**

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*Wilma Sylak, Transportation Coordinator*

**\*\* Due to COVID-19 restrictions, it is necessary to make changes to bussing. In order to safely transport our students, it is imperative that the district is aware of students who will be riding the bus.**