

Circleville City Schools

ALTERNATE TRANSPORTATION REQUEST FORM

Students will not be transported to any address not listed on their emergency medical authorization form in their OneView Parent Portal As a reminder, each family is only permitted one alternate stop (AM/PM) throughout the week (one stop per guardian in instances of shared parenting). All alternate transportation requests must be to stops within district boundaries.

School Info:

Grade: _____ School _____ Teacher _____

Student Name: _____

Address: _____ Date of Birth: _____

Parents/Legal Guardian Info:

Mother's/Legal Guardian's Name: _____

Address: _____ Phone: _____

Father's/Legal Guardian's Name: _____

Address: _____ Phone: _____

Baby Sitter/ Care Giver/ Responsible Adult Info:

Name: _____

Address: _____ Phone: _____

Date transportation (to Care giver) to Start: _____

Date transportation (to Care giver) to End: _____

Times to Transport: (circle) AM PM

Baby Sitter/ Care Giver/ Responsible Adult Info:

Name: _____

Address: _____ Phone: _____

Date transportation (to Care giver) to Start: _____

Date transportation (to Care giver) to End: _____

Times to Transport: (circle) AM PM

Mother's/Father's/Guardian's Signature: _____ Date: _____

Parents are responsible for notifying the school of attendance in writing of any changes in this schedule.

There will be no day variant transportation. One am pick up location and one pm drop off location

Please note that these changes do not take effect until you are notified by the transportation office. Changes are approved within 48 hours once received at the Transportation Department.