



# PK-12 TRANSPORTATION REQUEST FORM 2020-2021 SCHOOL YEAR

TRIAD TRANSPORTATION OFFICE

PHONE: 937-826-1102 – [laughbaumn@triadk12.org](mailto:laughbaumn@triadk12.org)

- All students will be assigned to a regular bus stop closest to their home address.
- Students may be required to walk up to ½ mile to a bus stop in villages, towns, and cul de sacs.
- A NEW FORM MUST BE SUBMITTED EACH YEAR FOR CHILDCARE OR SHARED PARENTING
- For children in PK, K, or grade 1, a parent/guardian/childcare provider must be present to receive the child at the bus dropoff location.
- Only one pick up address and one drop off address is allowed. Court ordered shared parenting and daycare will be the only exceptions.
- If any changes are made, a new form must be completed and submitted.
- New forms need at least 48 hours to process.

DATE OF CHANGE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
Last Name First Name MI

PARENT/GUARDIAN ADDRESS: \_\_\_\_\_  
Street Address City State Zip

#1 Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Text Messages \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Check if child will use the regular bus stop closest to their home address: AM only \_\_\_\_\_ PM only \_\_\_\_\_ BOTH AM & PM \_\_\_\_\_

Parent/Guardian Signature : \_\_\_\_\_ Date: \_\_\_\_\_

## CHILDCARE PROVIDER

CHILD CARE PROVIDER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD CARE PROVIDER ADDRESS: \_\_\_\_\_

Check if child will use the regular bus stop closest to the child care provider: AM only \_\_\_\_\_ PM only \_\_\_\_\_ BOTH AM & PM \_\_\_\_\_

Parent/Guardian Signature : \_\_\_\_\_ Date: \_\_\_\_\_

## COURT ORDERED SHARED PARENTING (Official court documents must be provided for approval)

#2 PARENT/GUARDIAN : \_\_\_\_\_ PHONE: \_\_\_\_\_

#2 PARENT/GUARDIAN ADDRESS: \_\_\_\_\_

EVERYDAY TO AND FROM SCHOOL \_\_\_\_\_ EVERYDAY TO SCHOOL \_\_\_\_\_ EVERYDAY FROM SCHOOL \_\_\_\_\_

A DETAILED CALENDAR MUST BE SUBMITTED WITH THE COURT DOCUMENTS DIRECTING THE WEEKLY CHANGE IN LOCATION.

Parent/Guardian Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**TRANSPORTATION REQUEST FORMS MUST BE SUBMITTED PRIOR TO BUSING**

<https://www.triadk12.org/Administration/6>