

Eaton Community Schools

REQUEST FOR CHANGE IN TRANSPORTATION

(Rev 8/18)

A separate *Request for Change in Transportation* form must be completed for **each** child. **Bus stops at multiple addresses will not be permitted unless court ordered for shared parenting. You may request one stop location for the morning pick up and one stop location for the afternoon drop off.**

Supplementary bus transportation will be provided only if seating is available and overcrowding does not exist. **Students regularly scheduled to the route have priority over special requests. If your child does not ride the bus, at least, 2 times a week, their name will be removed from the route, making room for other students.**

Please return this form to your student's building, the Transportation Department at 872 Lexington Ave, email it to yhaston@eaton.k12.oh.us or fax it to 937-456-4589. It will take a minimum of three (3) days for your request to be processed; however, emergency requests will be taken into consideration.

An adult must be visible to the bus driver before a Kindergarten through Third grade student will be released from the bus. If the bus driver believes that no one is at home or if an older sibling is not with the child, the driver will transport the student back to the Transportation Office on Lexington Avenue. Parents will then be responsible for picking up their children by 5:00 p.m. If there is a pattern of three (3) repetitive (no parent visible) issues, the Superintendent and/or Children's Services will be notified.

All school personnel involved will be notified. Students and parents will be responsible for the student's on-time boarding or departure from the bus.

Date: _____

Name of student: _____ Grade _____

Home address of student: _____

School assigned: _____ Teacher/Home Room # _____ Current Bus # _____

Name of parent/guardian: _____

Parent/guardian telephone numbers: Home _____ Work _____ Cell _____

Transportation is requested as follows: (Be sure to include house number.)

A.M. Transportation from one location only Name at this address _____

Address: _____ Phone _____

P.M. Transportation to one location only Name at this address _____

Address: _____ Phone _____

I request that the Change in Transportation begin _____ (date) and remain in effect through _____ (date).

Signature of parent/guardian

SCHOOL USE ONLY

Date request received in school office _____

Date request sent to Transportation _____

A.M. Stop Location _____

P.M. Stop Location _____

Please issue bus pass: _____

A.M. Bus # _____ P.M. Bus # _____

Confirmed with parent: Yes / No

Pick up time _____ OC _____

Start Date: _____

By: _____
Transportation Department