

First Student

42242 ALBRECHT RD

Elyria, OH, 44035

440-284-8030

440-284-1466

ONLY COMPLETE FORMS IF YOUR CHILD WILL NEED TRANSPORTATION 2017-2018
SCHOOL YEAR

Dear,

Bus rider Parents/Guardian,

Please return the attached forms **to the school before the last day of school.**

Only complete this form if your child needs transportation for the 2016-2017 school year.

Transportation forms need to be turned into the school, before **July 14 2017** in order for your child to ride the bus at the start of 2017-2018 school year. If First Student does not receive the form by above date there could be a two week delay from your child's transportation.

Attached is an authorization form that needs to be filled out if you have a kindergarten or first grade student that rides the bus. If someone other than a parent or guardian has permission to get your child off the bus, their information must be listed on the authorization form.

Please note all kindergarten student must have a parent or guardian at the bus stop before and after school. First grade students must have the signs release form in order for them to get off the bus by themselves.

Your residence address must be NO LESS than 1.25 miles from the school in order for your child(ren) to be eligible to ride the First Student bus.

If you have any questions please contact First Student at the number listed above.

First Student TRANSPORTATION REQUEST FOR ADDITION/DELETIONS

PLEASE PRINT ALL INFORMATION

SCHOOL ATTENDING: _____

DATE: _____

STUDENT FIRST NAME _____ LAST _____ MI. _____ M _____ F _____

HOME ADDRESS: _____ APT# _____ PHONE _____

DROP/PICKUP ADDRESS: _____ APT# _____ PHONE _____

BIRTHDATE: ____/____/____ AGE: _____ GRADE (CIRCLE ONE) KA KP KG 1 2 3 4 5 6 7 8

FATHER'S NAME: _____ WORK PHONE: _____

MOTHER'S NAME: _____ WORK PHONE: _____

IN CASE OF EMERGENCY WHOM DO WE CONTACT?

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

ON WHAT DATE WOULD YOU LIKE TRANSPORTATION TO START: _____

ON WHAT DATE WOULD YOU LIKE TRANSPORTATION TO END: _____

*****ATTENTION PARENTS/GUARDIANS*****

THIS FORM MUST BE FILLED OUT COMPLETED AND RETURNED TO YOUR SCHOOL OFFICE BEFORE TRANSPORTATION WILL BE ASSIGNED TO YOUR CHILD. THOSE AREAS WHICH DO NOT APPLY PLEASE INDICATE WITH N/A. BUS STOPS ARE AT CORNER OF INTERSECTION STREETS. PLEASE ALLOW 3 DAYS FOR TRANSPORTATION TO BEGIN AFTER FIRST STUDENT TRANSPORTATION RECEIVES THIS REQUEST

IS STUDENT IN SPECIAL EDUCATIONAL PROGRAM? IF YES CHECK (X) APPROPRIATE PROGRAM BELOW:

VI _____ HI _____ DH _____ LD _____ MH _____ OH _____ SBH _____ SBH-T _____

IS STUDENT CONFINED TO A WHEELCHAIR OR AMBULATORY? CHECK (X) W/C _____ AMBL _____

PARENTS SIGNATURE: _____

FOR TRANSPORTATION USE ONLY

AM BUS _____ PICK UP TIME _____ AT _____

TRANSFER BUS _____ AT _____

MIDDAY BUS _____ PICK UP/DROP OFF TIME IS _____ AT _____

PM BUS _____ DROP OFF TIME _____ AT _____

TRANSFER BUS _____ AT _____

DATE SCHOOL / PARENT NOTICED WITH ABOVE INFORMATION: _____

Phone: (440) 284-8030 Fax: (440) 284-1466

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42242 Albrecht Rd
Elyria, OH, 44035
PHONE: 440-284-8030
FAX: 440-284-1466

ALTERNATE PICK UP AUTHORIZATION

STUDENT NAME: _____

ASSIGNED DROP OFF: _____

PARENT NAME _____

RELATIONSHIP TO CHILD _____

HOME ADDRESS: _____

PARENT CONTACT # _____ SECOND # _____

I HEREBY AUTHORIZE THE BELOW INDIVIDUALS TO PICK UP MY CHILD FROM THEIR BUS STOP. THESE INDIVIDUALS WILL PRESENT IDENTIFICATION TO THE BUS PERSONNEL. IF THE ALTERNATE PERSON IS A MINOR, THE PARENT OR GARDIAN ACCEPTS ALL LIABILITY IF SOMETHING SHOULD HAPPEN TO THE BUS RIDER.

PARENT/GUARDIAN (PRINT): _____

PARENT/GUARDIAN (SIGNATURE): _____ DATE: _____

1) PICK UP PERSON _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP TO CHILD: _____

2) PICK UP PERSON _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP TO CHILD: _____

3) PICK UP PERSON _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP TO CHILD: _____

AUTHORIZATION TO RELEASE WITHOUT AN ADULT

MY CHILD _____, IS ABLE TO BOARD AND DEBOARD THE BUS ALONE. I HEREBY GIVE MY PERMISSION TO FIRST STUDENT TO RELEASE MY CHILD WITHOUT AN ADULT BEING PRESENT, AND WAIVE ALL LIABILITY TO FIRST STUDENT, AND IT'S EMPLOYEES.

PARENT/GUARDIAN (PRINT) _____

PARENT/GUARDIAN (SIGN) _____ DATE: _____