



Centerville City Schools Transportation Form

Transportation Office Use Only

BUS # _____

PLEASE READ: Each school year, students are routed to and/or from their home address **IF** they were routed that way the prior school year. If your student will now ride to and/or from home and has not done so in the past, please complete the form indicating the request of school bus transportation. If your student is being transported to and/or from a sitter's home (residential addresses only-buses do not stop at businesses), the sitter must be in the same attendance area as your student. For sitter transportation, you **MUST** complete a new form at the beginning of each school year and/or when a change is necessary.

ALL PVN & PVS students: Please complete the form every school year in order to maintain your students' transportation.

Remember: Transportation changes other than home to school/school to home are a privilege and frequent changes are disruptive to our regularly scheduled bus routes - please make sure this will be a long term change before completing.

The Transportation Department has up to 3 days to complete change requests.

School: _____ Teacher: _____ Grade: _____ (AM/ PM)

Student Name: _____

Parent/Guardian's Name: _____

Home Address: _____ Daytime Phone _____

Email Address: _____

Please place an "X" in the boxes below to indicate your student's schedule:

TO SCHOOL SCHEDULE:

Day of the Week		PARENT/GUARDIAN Drop Off	DAYCARE VAN *	SCHOOL BUS From Residential Sitter **	SCHOOL BUS From Home
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

FROM SCHOOL SCHEDULE:

Day of the Week		PARENT/GUARDIAN Pick Up	DAYCARE VAN * or VOYAGER	SCHOOL BUS To Residential Sitter **	SCHOOL BUS To Home
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

DATE EFFECTIVE: _____

***Name of Daycare:** _____ Phone: _____

Daycare Address: _____

****Name of Sitter:** _____ Phone: _____

Sitter Address: _____

Parent Signature: _____

Date: _____

*****PLEASE RETURN THIS FORM TO YOUR STUDENT'S SCHOOL OF ATTENDANCE*****

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Special Transportation Needed: _____

Date School Rec'd _____ Date Faxed to Transportation _____ Date Transportation Rec'd _____ Faxed Back to School _____