

**TRANSPORTATION DEPARTMENT
SPACE AVAILABLE REQUEST FORM**

(Please print)

STUDENT'S NAME _____

STUDENT'S ADDRESS _____

PARENT/GUARDIAN NAME _____

PHONE # (H) _____ (CELL) _____

SCHOOL _____ GRADE _____

Requesting Space Available transportation for: AM only ____ PM only ____ AM & PM ____

I understand that under the current Board of Education policy, my child/children do not meet the eligibility requirements for transportation services, however I am requesting that if there is space available on the bus route that my child/children be approved for transportation to/from their school of attendance via school transportation. I understand that if this request is approved, my child/children will be assigned to an existing bus stop on an existing route, and that a bus will not be rerouted nor a stop added for my child/children. I also understand that if additional students who qualify for transportation are added to this route, it may become necessary for my child/children to be removed from the bus route so other students who qualify may be added to the route.

This request is valid for the current school year only.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Return completed and signed form to:

Amherst Exempted Village Schools
Transportation Department
550 Milan Avenue
Amherst, OH 44001

Space available request forms will be reviewed after October 1st in the order in which they were received.

FOR DEPARTMENT USE ONLY

Date Received _____ APPROVED _____ DISAPPROVED _____

Bus Number _____ Stop Location AM _____

Stop Location PM _____

Driver(s) Notified _____ Parent(s) Notified _____ School Notified _____

Transportation Supervisor's Signature/Initials _____