

**Berkshire Local Schools
Transportation Department**
14259 Claridon Troy Rd. PO Box 364
Burton, Ohio 44021
Phone: (440)834-3380 ext. 2111 Fax: (440)834-2058
suzanne.steinhoff@berkshireschools.org

Transportation Request Form

Student's Name: _____ Gender: _____

School: _____ Birth date: _____ Grade for school year 2017-18: _____

Parent/Guardian Name/s: _____

Home Address: _____

Home Telephone #: _____ Cell #: _____ Cell # _____

Email: _____

Please Check When Transportation is needed: Pick Up (to School) _____ Drop Off (from School) _____ Both _____

5 days a week AM Pick up Address: _____ home: ___ sitter: ___

Name and Phone number of sitter: _____

5 days a week PM Drop off Address: _____ home: ___ sitter: ___

Name and Phone number of sitter: _____

I am requesting that the above listed child be transported to/ from the addresses listed above. I understand that these locations will be the permanent address for pick up and drop off for the 2017-2018 school year. I acknowledge that once my child is transported from/to the designated pick up and/or drop off point, I assume full responsibility for the safety and welfare of my child at their assigned bus stop and understand that the bus stop may not be in the direct line of sight from my home and if this is the case they may require a parental/or designee escort to/from their stop. (An escort is mandatory for students kg. through 3rd gr.)

Parent Signature: _____ Date: _____

Please Note: For service to start at the beginning of the **2017-2018** school year, the ***completed form must be received by the Transportation Department prior to Friday, June 30, 2017.*** Forms received after this date may not go into effect **until** Monday September 11th. **During the school year please allow (2) two business days for processing**

Please mail To: Berkshire Transportation Dept.
Attn: Suzanne Steinhoff
PO Box 364
Burton, Ohio 44021
Email: suzanne.steinhoff@berkshireschools.org Fax: 440.834.2058

TO BE COMPLETED BY OFFICE

Bus#:am _____ pm _____ Effective: _____ Bus Stop Times: _____ am _____ pm

Approved ___ Not Approved ___ By: _____ Transportation Manager