

CAMPBELL CITY SCHOOLS TRANSPORTATION REQUEST FORM

_____ SCHOOL YEAR

Campbell City School families: Please complete your request and return it to the school your child attends.

Date of application: _____ School of Attendance: _____ Grade: _____

Student Last Name: _____ First Name/Middle Initial: _____

Student Home Address _____

Parent/Guardian Name (First and Last): _____ Contact Phone: _____

Emergency Contact Name: _____ Contact Phone: _____

Medical Alerts/Concerns: _____

Morning Transportation (Select one)

- I will be providing my own transportation to school
- My child will need busing to school from our home address
- My child will need busing EVERY DAY to school from an alternate address

Alternate address: _____ Relationship to child: _____

Childcare Provider Name: _____ Contact Phone: _____

Afternoon Transportation (Select one)

- I will be providing my own transportation to school
- My child will need busing to school from our home address
- My child will need busing EVERY DAY to school from an alternate address

Alternate address: _____ Relationship to child: _____

Childcare Provider Name: _____ Contact Phone: _____

***Community/Non-public school families:

Based on a community or non-public school's compliance with Ohio Revised Code 3327.016, routes will be created. As a parent/guardian you should request transportation from your public-school district. Payment in lieu of transportation will be offered if your transportation request is deemed impractical by the Board of Education. **PLEASE RETURN YOUR REQUEST TO:** Campbell BOE, 280 6th St. Campbell, OH 44405

TRANSPORTATION OFFICE USE ONLY

Bus # and Time:	Pick-up:	Drop-off:
Stop Location:		