



ALTERNATE TRANSPORTATION REQUEST

This form is used only if requesting an alternate bus stop. Complete ONE FORM for each student, each year. In most cases, this form requires a minimum of seven (7) days to be processed by the Director of Transportation.

Student Legal Name: _____
FIRST MIDDLE LAST

Preferred Name: _____ Date of Birth: _____ / _____ / _____
IF BLANK, STUDENT WILL BE CALLED BY FIRST NAME AS ABOVE

Home Address: _____
LEGAL RESIDENCE - NO PO BOXES

SCHOOL

GRADE

- | | | | | | | | |
|--|---------------------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> BG High School | <input type="checkbox"/> BGCA | <input type="checkbox"/> Conneaut | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 |
| <input type="checkbox"/> Penta Career Center | <input type="checkbox"/> Montessori | <input type="checkbox"/> Crim | <input type="checkbox"/> 06 | <input type="checkbox"/> 07 | <input type="checkbox"/> 08 | | |
| <input type="checkbox"/> BG Middle School | <input type="checkbox"/> St. Aloysius | <input type="checkbox"/> Kenwood | <input type="checkbox"/> 09 | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> St. Louis | | <input type="checkbox"/> KDG | | | | |

PROGRAM Woodlane Other _____ PS AM PS PM FEMALE
 CRC/PATHE _____ MALE

The signature below of the parent/guardian constitutes acknowledgement of and agreement with each of the following items:

- A. The above named student must be picked up at the same approved bus stop, Monday through Friday.
- B. The above named student must be dropped off at the same approved bus stop, Monday through Friday.
- C. The pick-up and drop off locations may be different from one another.
- D. Existing bus routes will not be modified to accommodate this request.
- E. If a request is approved, it can be revoked by the Director of Transportation.
- F. No exceptions can be made to the criteria.

PICK UP:

I am requesting the above names student to be **PICKED UP** at a bus stop within one half mile of the following street address.

PRINTED PHYSICAL STREET ADDRESS - NO LANDMARK OR BUSINESS NAMES

DROP OFF:

I am requesting the above named student be **DROPPED OFF** at a bus stop within one half mile of the following street address.

PRINTED PHYSICAL STREET ADDRESS - NO LANDMARK OR BUSINESS NAMES

Signature of Parent/Guardian: _____

Date: _____ / _____ / _____

TRANSPORTATION DEPARTMENT USE ONLY

- APPROVED _____ / _____ / _____
 DENIED _____ / _____ / _____
 REVOKED _____ / _____ / _____

AM Bus _____ AM Stop _____
 PM Bus _____ PM Stop _____

Alternate Transportation Request

Ohio Law requires public schools to transport public school students in grades K-8 who reside more than 2.0 miles from school. Districts are not required to transport anyone to and/or from alternate bus stop locations.

While not required by Ohio law, the Bowling Green City School District, will in some circumstances provide transportation to and/or from alternate bus stop locations providing certain criteria has been met.

- Parents/Guardians submit an **Alternate Transportation Request Form** prior to July 1 each year. [Click here to download the form](#) or pick up a form at the child's school office.
- For requests after the start of the school year, the Director of Transportation must receive the form at least two weeks prior to the anticipated change. The change will not take effect unless and until approved by the Director of Transportation.
- The request must not require a bus route to be changed, altered or added.
- The student must be picked up from the same existing bus stop every day of the week.
- The student must be dropped off at the same existing bus stop every day of the week.

The form is a request. The Transportation Department does not automatically grant requests, as they must be considered on a case-by-case basis.

Forms should be submitted in one of the following ways:

Mail

Bowling Green City Schools
Director of Transportation
13230 Bishop Road
Bowling Green, OH 43402-9250

FAX

419-354-0587 (Attn: Transportation)

Email

tsnow@bgcs.k12.oh.us