

BEACHWOOD CITY SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT

**BEACHWOOD SCHOOLS
LEARNING FOR LIFE**

REQUEST FOR ALTERNATIVE DROP-OFF AND/OR PICK-UP

This request for alternative drop-off and/or pick up for each child **must be submitted at least (5) days prior** to requested change. Send all copies of this request to the Transportation Department, Beachwood City School District, 23757 Commerce Park, Beachwood, OH 44122 (fax 216-763-0061).

On approval by the Supervisor/Assistant Supervisor of Transportation, a copy will be sent to the parent, school and bus driver.

Date _____ School _____

Student's Name _____ Grade _____

Residence Address _____

Phone: HOME _____ CELL _____ WORK _____

I am requesting that my child (listed above) be transported to or from locations other than school and my residence. I understand that the alternate location(s) will be the permanent address for drop-off and pick-up (and that it may not be changed from week to week) and be located on a regularly established bus route at the time of day that is available on that route. The actual stop location assigned will be an already established school bus stop.

I acknowledge that I am fully responsible for the safety and welfare of my child prior to and after transportation by the District. I hereby release the Beachwood City School District, its Board members, Superintendent, Administrators, agents, insurers, and employees from any liability arising out of events occurring prior to and/or after the transportation of my child to or from locations other than school and my residence. Furthermore, I will indemnify, hold harmless, and defend the Beachwood City School District, its Board members, Superintendent, Administrators, agents, insurers, and employees from any claim, loss, or damage arising out of events occurring prior to and/or after the transportation of my child to/from locations other than school and my residence.

Signature of Parent Or Guardian

_____ Date _____

TRANSPORTATION REQUESTED

I would like transportation to begin: DAY AND DATE: _____

PICK UP

DROP OFF

I. Street Address: _____
Phone: _____
Signature - _____
Adult at this address: _____
Circle days - M T W Th F

Street Address: _____
Phone: _____
Signature - _____
Adult at this address: _____
Circle days - M T W Th F

II. Street Address: _____
Phone: _____
Signature - _____
Adult at this address: _____
Circle days - M T W Th F

Street Address: _____
Phone: _____
Signature - _____
Adult at this address: _____
Circle days - M T W Th F

***** Please call to revert back to residence or with new location information *****

TO BE COMPLETED BY THE TRANSPORTATION DEPARTMENT

EFFECTIVE DATE:

I. Pick-Up: Bus # _____ Stop: _____ Time: _____ Days: M T W Th F
II. Pick-Up: Bus# _____ Stop: _____ Time: _____ Days: M T W Th F
I. Drop-off: Bus# _____ Stop: _____ Days: M T W Th F
II. Drop-off: Bus # _____ Stop: _____ Days: M T W Th F