

FINDLAY CITY SCHOOLS
PRE-SCHOOL – GRADE 5 BABYSITTER BUS SERVICE REQUEST FORM

This form is valid only during the 2024-2025 school year.

Requests will be processed to and/or from a babysitter based on the following conditions:

1. Submit this form to the Transportation Office after all requested information has been completed.
2. The babysitter residence must be located in the eligible bus area of the child's school of attendance.
3. New stops will not be created. Requested stop must be on an existing route. Seating space must be available on the bus.
4. Students must ride the same bus each morning and board from one designated bus stop.
Students must ride the same bus each afternoon and depart the bus at one designated bus stop.
The morning bus and afternoon bus assignment may be different; but both must remain consistent every day.
5. Shared parenting arrangements will be recognized per court orders and accommodated when possible.
6. Approved requests are valid for one school year only. Parents who want to participate again the following school year must complete and submit a new Babysitter Bus Service Request Form prior to the annual June 30th deadline.
Please note that priority is given to eligible riders without transportation services from their home neighborhood during the first few months of each school year. As a result, forms submitted after June 30th may not get processed until October.

RETURN FORM TO: transportationadmins@findlaycityschools.org

PARENT: Please provide the following information:

Today's date _____ Requested start date _____
Student's name _____ School _____
Home address _____ Grade: (Circle One) PS K 1 2 3 4 5
Parent/Guardian name _____ Email _____
Home phone _____ Work _____ Cell _____
Parent's signature _____

BABYSITTER: Please provide the following information:

Name _____
Address _____ Home phone _____
Sitter's signature _____ Cell phone _____
Student is currently an eligible bus rider. ___No. ___Yes. Student rides bus # ___ Bus stop _____
List bus stop being requested. Leave blank if unknown. Transportation will review & determine closest stop meeting state safety regulations.
Morning service requested from ___home neighborhood or ___sitter neighborhood. Stop requested: _____
Noon service requested to/from ___home neighborhood or ___sitter neighborhood. Stop requested: _____
Afternoon service requested to ___home neighborhood or ___sitter neighborhood. Stop requested: _____

THE SECTION BELOW WILL BE COMPLETED BY THE TRANSPORTATION OFFICE.

___ Access could not be approved. Reason _____
___ Access confirmed. For safety reasons, bus service cannot begin before the designated start date below.
Date student may begin requested bus service _____
Student assigned to A.M. Bus # _____ Assigned bus stop _____
Student assigned to noon Bus # _____ Assigned bus stop _____
Student assigned to P.M. Bus # _____ Assigned bus stop _____
Transportation Director's/designee's signature _____ Date _____

___ Copy on file in office

___ Copy to bus driver & route book updated

Principal copy emailed

Parent copy mailed/emailed