



**SPACE AVAILABLE BUS TRANSPORTATION REQUEST
2024 – 2025 SCHOOL YEAR**

Student's Name: _____ Student ID: _____
Last First Middle

Home Address: _____ Home Phone: _____
Street City, State Zip Code

School Attending: _____ Grade: _____

Requesting Transportation (check one) am only pm only Both.

Closest Bus Stop Location (if known): _____

I request that the Lorain Board of Education consider transporting my child, named above, who lives within the designated walking area for our school district. I understand that ridership will be on a space available basis and that priority will be given to the youngest students who live the greatest distance from school. I also understand that my child may be bumped by an eligible rider at any time. I understand that this service will begin approximately _____. I further understand that students will be required to walk to an existing stop in a transportation eligible zone within 1/2 mile of my residence. I understand that the bus stop must be at the same location for both am and pm. Existing bus routes will not be modified to accommodate this request.

Parent's Name: _____

Print

Parent's Signature:

Date:

Return completed applications to:

Lorain City School District
ATTENTION: TRANSPORTATION DEPARTMENT
1800 Colorado Ave., Lorain, Ohio 44052
Phone (440) 830-4047
Fax (440) 233-2235

To be completed by the Transportation Department

Approved Bus# _____ Bus Stop _____ Stop Time am _____ Stop Time pm _____

Effective Date _____

Not Approved

Reason: _____