

**Strongsville City Schools
Transportation Department
Baby-Sitter /Shared Parenting Bus Stop Request**

This form is to be used for transportation requests to a stop other than the student's home/neighborhood.
Requests for a stop out of the school attendance or session area will not be approved.

<u>Student Information</u>	PLEASE PRINT
Name _____	
Address _____	
Phone _____	
School _____	
Grade _____	
Parent/Guardian _____	
REQUIRED - Email Address	

Work Phone _____	

<u>Baby-Sitter/Shared Parenting</u>	PLEASE PRINT
Name _____	
Address _____	
Phone _____	
Relationship (if any) _____	

<u>Signature and Dates</u>
Requested date for service to start _____
Parent/Guardian Signature _____
Date of Application _____

Approval is contingent upon continual space available on the bus for students living on the assigned bus route.

<u>Home Bus Stop</u>		
<u>AM</u>	<u>MIDDAY</u>	<u>PM</u>
☐ Mon	☐ Mon	☐ Mon
☐ Tue	☐ Tue	☐ Tue
☐ Wed	☐ Wed	☐ Wed
☐ Thu	☐ Thu	☐ Thu
☐ Fri	☐ Fri	☐ Fri
Check all that apply.		

<u>Baby-Sitter/Shared Parenting Stop</u>		
<u>AM</u>	<u>MIDDAY</u>	<u>PM</u>
☐ Mon	☐ Mon	☐ Mon
☐ Tue	☐ Tue	☐ Tue
☐ Wed	☐ Wed	☐ Wed
☐ Thu	☐ Thu	☐ Thu
☐ Fri	☐ Fri	☐ Fri
Check all that apply.		

Parent/Guardian Comments _____

****FOR OFFICE USE ONLY****

<u>Home Stop</u>	
Bus No. AM _____	MIDDAY _____ PM _____
Stop _____	
Pick Up _____	Drop Off _____

<u>Baby-Sitter/Shared Parenting Stop</u>	
Bus No. AM _____	MIDDAY _____ PM _____
Stop _____	
Pick Up _____	Drop Off _____