

Austintown Local Schools
Request for Transportation – 2026/2027 School Year

Instructions:

This form must be completed **annually** for **each student** in your family who is eligible to receive transportation or payment in lieu of transportation.

Please complete the form below, print clearly, and return it to your **school of choice** along with **two forms of proof of residency** (see list below).

Date of Request: _____
School Year Requested: _____

Student Information

- **Student Name:** _____
- **Grade:** _____
- **Date of Birth:** _____
- **Number of Siblings:** _____
- **Home Address:** _____
- **Zip Code:** _____

Parent/Guardian Information

- **Parent/Guardian Name(s):** _____
- **Email Address:** _____
- **Home Phone:** _____
- **Work Phone:** _____
- **Cell Phone:** _____

Non-Public School Information

- **School Name:** _____
- **School Address:** _____
- **School Phone Number:** _____

School Verification *(to be completed by school staff)*

- **Staff Member Signature:** _____
- **Date:** _____

Required Proof of Residency

Please attach **two (2)** of the following documents showing your current address. This must be submitted **each year**:

- ☐ Real estate agreement
- ☐ Bank statement
- ☐ Credit card statement
- ☐ Utility bill (electric, gas, water, etc.)