

REQUEST FOR YEAR-LONG BUS PASS

2026/2027 SCHOOL YEAR

PLEASE NOTE:

All bus pass requests to or from any address other than the school assigned bus stop must be in place on a regular recurring basis for the entire school year without exception.

Alternating days and or pick-up/drop off sites cannot be accommodated.

Student Name _____

Date _____ Grade _____

Address _____

Regular Bus Number _____ Birthdate _____

My child will be attending:

_____ Children's Academy @ 4580 Canfield Rd. (330) 797-8666

_____ Creative Corners @ 1463 Shields Rd. (330) 270-1550

_____ Old North @ 7105 Herbert Rd. (330) 727-4742

_____ Other (Please provide information in the space below.) Please note that this address must be within the Canfield Local School district.

Name of daycare provider _____

Address _____

Phone _____

_____ My child will be picked up at this location daily.

_____ My child will be dropped off at this location daily.

I can be reached at _____ with questions or concerns.

I understand that this request will be in effect for the entire school year.

Parent's/Guardian's Signature

Date