



# Fort Frye Local Schools Transportation Request

510 Fifth St. P.O. Box 1149 Beverly, Ohio 45715 Phone: 740-984-2497 Fax: 740-984-8784

A Transportation Request is required if your child is new to the district, moves within the district or being picked up and/or dropped off at a bus stop other than the child's assigned home bus stop. **This request must be completed for each new school year.** If a change is made during the school year, a new Transportation Request must be submitted and approved before the child is allowed to ride any other bus. Please fill out one request for each child even if the information is the same. The new request will void any previous transportation requests. **Requests could take up to five (5) days to complete.**

Completed forms must be returned to the Transportation Office by June 30<sup>th</sup> in order to be processed for the start of the next school year. Forms submitted after June 30<sup>th</sup> may not be processed until after Labor Day.

- Student NEW to the district
- Student request home bus stop
- Student MOVED within the district
- Student requests bus stop other than home

### PLEASE PRINT

Student's Name: \_\_\_\_\_ Attending School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Mother/Legal Guardian: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Father/ Legal Guardian: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Co-Parent : \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Childcare Provider: \_\_\_\_\_ Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Transfer/School:  Lowell  FFHS  Polk's Market  The Whipple  The Pitstop  Churchtown  
 My Child will need transportation to the above address as follows:  
 Everyday to and from School  Everyday to School ONLY  Everyday from School ONLY  
 OTHER: Check days of the week transportation is needed to Childcare provider/Shared Parenting:  
 AM  Monday  Tuesday  Wednesday  Thursday  Friday  Every Other Week  
 PM  Monday  Tuesday  Wednesday  Thursday  Friday

Students will be transported to/from Child Care Providers under the following conditions:

1. The parent(s) must provide all information being requested on this form.
2. Child Care Providers residence is within Fort Frye School District.
3. Stops must be on existing routes and subject to available space.
4. Shared parenting arrangements will be recognized per court orders and honored when possible.
5. The Parent(s) must sign this form and submit it prior to the June 30<sup>th</sup> Deadline.

**The Section Below will be completed by the Transportation Office**

Received Date: \_\_\_\_\_ Approved Date: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Pick Up Bus Driver: \_\_\_\_\_ Bus: \_\_\_\_\_ Time: \_\_\_\_\_  
 Drop Off Bus Driver: \_\_\_\_\_ Bus: \_\_\_\_\_ Time: \_\_\_\_\_