



# PK - 8 TRANSPORTATION REQUEST FORM 2018 - 2019 SCHOOL YEAR

GRAHAM TRANSPORTATION OFFICE  
7790 W US HWY 36  
SAINT PARIS, OH 43072  
PHONE: 937-663-4855 - [glstransportation@grahamlocalschools.org](mailto:glstransportation@grahamlocalschools.org)

- All students will be assigned to a regular bus stop closest to their home address.
- Students may be required to walk up to 1/2 mile to a bus stop in villages, towns, and cul de sacs.
- A NEW FORM MUST BE SUBMITTED EACH YEAR FOR CHILDCARE OR SHARED PARENTING
- A form must be completed for each child who needs bus service and will ride a Graham Local Schools bus to and/or from a location OTHER than the residential (home) address that the district has on file.
- **ALL REQUESTS ARE FOR FIVE (5) DAYS ONLY.** Court ordered shared parenting will be the only exception.
- If any changes are made a new form must be completed and submitted.
- New forms may take up to three (3) days to process.

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
Last Name First Name MI

PARENT/GUARDIAN ADDRESS: \_\_\_\_\_  
Street Address City State Zip

#1 Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Text Messages \_\_\_\_\_ YES \_\_\_\_\_ NO

Check if child will use the regular bus stop closest to their home address: AM only \_\_\_\_\_ PM only \_\_\_\_\_ BOTH AM & PM \_\_\_\_\_

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

### **CHILD CARE PROVIDER**

CHILD CARE PROVIDER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD CARE PROVIDER ADDRESS: \_\_\_\_\_

Check if child will use the regular bus stop closest to the child care provider: AM only \_\_\_\_\_ PM only \_\_\_\_\_ BOTH AM & PM \_\_\_\_\_

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

### **COURT ORDERED SHARED PARENTING (Official court documents must be provided for approval)**

#2 PARENT/GUARDIAN : \_\_\_\_\_ PHONE: \_\_\_\_\_

#2 PARENT/GUARDIAN ADDRESS: \_\_\_\_\_

EVERYDAY TO AND FROM SCHOOL \_\_\_\_\_ EVERYDAY TO SCHOOL \_\_\_\_\_ EVERYDAY FROM SCHOOL \_\_\_\_\_

IF A SPECIFIC TRANSPORTATION SCHEDULE IS REQUIRED A DETAILED CALENDAR MUST BE SUBMITTED TO RECEIVE TRANSPORTATION.

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

**TRANSPORTATION REQUEST FORMS ARE DUE BY JULY 31, 2018**