

Annual Transportation Change Request Form

This is a one time form to be used to request that your child be picked up and/or dropped off at a bus stop other than the assigned home bus stop. Euclid City Schools will only transport students to alternate locations for shared parenting or childcare whose address qualifies for transportation (daycare centers excluded). No other request for alternate bus stops will be granted. One child per form please.

This request must be completed for each new school year, if a change is made during the school year, a new transportation request form must be submitted and approved before the child is allowed to ride any other bus. Please complete one request for each child. The new request will void any previous transportation request. Please check all information to make sure this is the schedule you want for your child. Requests are contingent upon the availability of space on the affected bus. Requests could take up to five days (5) to complete.

Please note-When completing this form, the address for pick up and the address for drop off may be different, but MAY NOT BE CHANGED FROM DAY TO DAY.

School your child	l attends	
Chil		
Home		
Home Phone		
Cell or Work		
	=	R INFORMATION
Provide	r's Name	
Provider's	Address	
Provider's Phone	Number	
Biolotto Lam request	ing that the above na	med child be picked up at the bus stop nearest to:
Pick Op- I alli request		Home Address
		Provider's Address
	μ.	TTOVICE S Made 233
Return-Lam request	ing that the above na	amed child be dropped off at the stop nearest to:
rictaill falli request	A.	
	В.	
Parent	5.	11001001001000
Signature		Date
	hat the following req	uest is for five (5) consecutive days in a row.
		sportation Department
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Bus
Approved	Route Number	Stop
Denied		
Date		704 0373
Retur	n to First Student Tra	ansportation or fax to 216 - 731 - 0373