

# Transportation Rules

## Bus Route Pick-up and Drop Off Rules

Parents must designate one pick-up and one drop-off location where your child(ren) will be picked up and dropped off each day of the week. These can be two different locations for morning and afternoon. For example, your student gets on the bus at home every morning and dropped off to a babysitter every day in the afternoon. We cannot drop off/pick up students at multiple locations throughout each week. We understand shared parenting situations and will continue to adhere to those custody arrangements. We also understand that there are times where things happen and unforeseen changes occur. We will work with you where we can on a case-by-case basis where needed. Please feel free to contact Transportation Supervisor Angela Wells at (740) 599-7000 x1016 with any questions.

**ONLY COMPLETE THIS FORM IF:** The Student is not being picked-up/dropped-off at their Primary Residence  
(Completed forms may be turned into the building office. Please allow 1-week prior notice to process form)

### PRIMARY RESIDENCE

For School Year: \_\_\_\_\_

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Dad's Home Phone \_\_\_\_\_ Mom's Home Phone \_\_\_\_\_

Dad's Work Phone \_\_\_\_\_ Mom's Work Phone \_\_\_\_\_

Dad's Cell Phone \_\_\_\_\_ Mom's Cell Phone \_\_\_\_\_

The student will be: picked up \_\_\_\_\_ dropped off \_\_\_\_\_ at the **PRIMARY** (above address) on the following days:  
\_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri

### ALTERNATE PICK-UP/DROP OFF ADDRESS LOCATION

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Alternate person is? Babysitter \_\_\_\_\_ Relative \_\_\_\_\_ Other \_\_\_\_\_ (please describe)

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

The student will be: picked up \_\_\_\_\_ dropped off \_\_\_\_\_ at the **ALTERNATE** on the following days:  
\_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Relationship to Parent/Guardian? \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\*\*\*\*\*Office Use Only\*\*\*\*\*

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Denied

\_\_\_\_\_  
(Transportation Coordinator Signature)

\_\_\_\_\_  
(Date)

