



TRANSPORTATION BUS FORM
***PLEASE DO NOT FILL OUT THIS FORM IF YOU ARE**

WITHIN THE ONE MILE LIMIT. IF YOU ARE IN QUESTION OF THE ONE MILE LIMIT PLEASE CONTACT THE TRANSPORTATION DEPARTMENT

EDISON LOCAL SCHOOLS TRANSPORTATION DEPARTMENT

Transportation Supervisor 419-499-3000 Ext. 1018

Please fill out this form completely and submit via email or in person at the proper school. Failure to do so will delay processing. Complete one form for each child in your family who is eligible for bussing.

Students may not change bus stops during the school year unless there is a change in residency. Students may be picked up at the school by alternate transportation, other than bussing, as long as the school is notified in advance. Only one pick up and drop off location for each student.

PLEASE PRINT

DATE: _____ SCHOOL BLDG/GRADE: _____

To be filled out by Parents:

I hereby request permission and accept responsibility for my/our child(ren) listed below to be granted the following transportation.

NAME OF STUDENT _____

NAME OF PARENT/GUARDIAN _____

PHONE # _____ CELL# _____

E-mail _____

PICK-UP ADDRESS

Address _____ City, State, Zip _____

CAREGIVERS NAME: _____ PHONE # _____

DROP-OFF ADDRESS (ONLY IF DIFFERENT THAN ABOVE ADDRESS)

Address _____ City, State, Zip _____

CAREGIVERS NAME: _____ PHONE # _____

Parent Signature _____

The Transportation Department will use the following criteria to base its decision on whether or not to provide transportation:

- The addresses listed above must be within the school district's attendance boundary
- The bus stops must be for all five (5) days a week **NO EXCEPTIONS**
- The bus stops must be existing stops on the bus run.
- The desired bus stops cannot be over load capacity.
- The stop is not in effect until parents have been notified by the Transportation Office or school personnel.