

**CIRCLEVILLE CITY SCHOOLS**  
**ALTERNATE TRANSPORTATION REQUEST FORM**

***\*\*Students will not be transported to any address not listed on their emergency medical authorization form.***

**School Info:**

\_\_\_\_ Grade: \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

**Student Info:**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Parents/Legal Guardian Info:**

Mother's/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Baby Sitter/ Care Giver/ Responsible Adult Info:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date transportation (to Care giver) to Start: \_\_\_\_\_

Date transportation (to Care giver) to End: \_\_\_\_\_

Times to Transport: (circle) AM PM

Days of the week to transport to care giver (circle) M T W TH F

**Baby Sitter/ Care Giver/ Responsible Adult Info:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date transportation (to Care giver) to Start: \_\_\_\_\_

Date transportation (to Care giver) to End: \_\_\_\_\_

Times to Transport: (circle) AM PM

Days of the week to transport to care giver (circle) M T W TH F

Mother's/Father's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parents are responsible for notifying the school of attendance in writing of any changes in this schedule. Please note that these changes do not take effect until you are notified by the Transportation Department. Changes are processed within 48 hours once received at the Transportation Department.**