

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.

