



Transportation Plan Form 2017-2018 School year
DUE IN TRANSPORTATION OFFICE NO LATER THAN JULY 31st

Piqua City Schools Transportation Department

719 E. Ash St, Piqua, Oh 45356
 Office-937-773-1560 Fax-937-778-4517

A NEW FORM MUST BE SUBMITTED EACH YEAR FOR CHILDCARE OR SHARED PARENTING

You must fill out one form for each child who needs bus service and will ride a Piqua City School bus to and/or from a location other than the #1 parent/guardian home address listed in OneView. Please be sure to fill out all information in order to get the schedule your child needs. New forms may take up to three (3) days to process. **An alternate bus stop shall only be approved for child care or for shared parenting.**

STUDENT NAME: _____
 Last Name First Name MI Birthdate

School: _____ **Grade:** _____ **Phone Number:** _____

#1 Parent/Guardian Address: _____
 Street address City State Zip Code

Mother's name: _____ **Cell:** _____ **Work:** _____

Father's name: _____ **Cell:** _____ **Work:** _____

Check if child will use the regular bus stop closest to their home address: AM only _____ PM only _____ BOTH AM & PM _____

#1 Parent/Guardian Signature: _____ **DATE:** _____

CHILDCARE PROVIDER: YES: _____ **CHILD CARE PROVIDERS NAME:** _____

CHILD CARE PROVIDERS ADDRESS: _____ **PHONE:** _____

_____ EVERYDAY TO AND FROM SCHOOL _____ EVERYDAY TO SCHOOL _____ EVERYDAY FROM SCHOOL

Parent/Guardian Signature: _____ **DATE:** _____

COURT ORDERED SHARED PARENTING ONLY: YES: _____ **#2 PARENT/GUARDIAN:** _____

#2 Parent/Guardian Address: _____ **PHONE:** _____

_____ EVERYDAY TO AND FROM SCHOOL _____ EVERYDAY TO SCHOOL _____ EVERYDAY FROM SCHOOL

_____ **OTHER: CHECK DAYS OF WEEK TRANSPORTATION IS NEEDED (NOTE: IF EVERY OTHER WEEK SCHEDULE IS NEEDED-You must come to office**

AM _____ MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY

PM _____ MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY

Parent/Guardian Signature: _____ **DATE:** _____

OFFICE USE ONLY: EFFECTIVE DATE: _____

PICK UP BUS STOP LOCATION: _____ **BUS #:** _____

DROP OFF BUS STOP LOCATION: _____ **BUS #:** _____

Approved _____ Denied _____

 Transportation Supervisor

updated 4/11/2017