

2019-2020 Piqua City Schools Non Public School Bus Rider Form

Piqua City Schools Transportation Department

719 E. Ash St, Piqua, Oh 45356 Office-937-773-1560 Fax-937-916-3170 www.piqua.org

FORMS DUE IN TRANSPORTATION OFFICE NO LATER THAN JULY 29th

*Complete separate form for EACH student.

*New forms will be processed as soon as possible and parent will be notified of start date.

*New form required each year for childcare & shared parenting (alternate bus stop permitted ONLY in this situation).

***MUST PROVIDE COURT DOCUMENTATION FOR SHARED PARENTING.**

STUDENT NAME: _____			
_____	_____	_____	_____
Last Name	First Name	MI	Birthdate
School: _____	Grade: _____	Main Phone Number: _____	
Main Parent/Guardian Address: _____			
_____		_____	_____
Street address		City	State Zip Code
Mother/guardian name: _____	Cell: _____	Work: _____	
Father/guardian name: _____	Cell: _____	Work: _____	

*You must choose either a home stop **OR** a sitter stop DAILY. We will not pick up at 2 different locations in the AM OR drop off at 2 different locations in the PM BUT you can have a morning stop @ one location DAILY and a sitter stop @ the other location DAILY.*

MY CHILD WILL USE THE BUS STOP CLOSEST TO THE MAIN HOME ADDRESS: AM only _____ PM only _____ BOTH AM & PM _____

OR

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

CHILD CARE PROVIDERS ADDRESS: _____ PHONE: _____

AM ONLY _____ PM ONLY _____ BOTH AM & PM _____

Parent/Guardian Signature: _____ DATE: _____

DOES STUDENT HAVE ANY HEALTH OR BEHAVIOR CONDITIONS DRIVER SHOULD BE AWARE OF:

If you have COURT ORDERED Shared Parenting -You will need to come to the Transportation Dept. and bring the court order and be ready to fill out a waiver and calendar.

****FOR KINDERGARTEN PARENTS ONLY****

I grant permission for my kindergarten student to be released from the bus without adult supervision.

Parent/Guardian Signature: _____ DATE: _____

OFFICE USE ONLY:	EFFECTIVE DATE: _____	Parent notified: _____	School notified: _____	Completed: _____
PICK UP BUS STOP LOCATION: _____				BUS #: _____
DROP OFF BUS STOP LOCATION: _____				BUS #: _____
Approved _____	Denied _____	_____		
Transportation Director				updated 5/31/19