



# Transportation Plan Form 2019-2020 School year

## PIQUA CITY SCHOOLS

719 E. Ash St. ~ Phone: 937-773-1560 ~ Fax: 937-916-3170

**FORMS MUST BE IN TRANSPORTATION OFFICE BY 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: \_\_\_\_\_ 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: \_\_\_\_\_

### **\*\*FOR KINDERGARTEN PARENTS ONLY\*\***

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

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: \_\_\_\_\_ Parent notified: \_\_\_\_\_ School notified: \_\_\_\_\_ Completed: \_\_\_\_\_

PICK UP BUS STOP LOCATION: \_\_\_\_\_ BUS #: \_\_\_\_\_

DROP OFF BUS STOP LOCATION: \_\_\_\_\_ BUS #: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ \_\_\_\_\_  
 Transportation Director

updated 1/28/19