Transportation Plan Form ***2021-2022*** School year

PIQUA CITY SCHOOLS

1 Indian Trail-Back Drive-Suite 12A ~ Phone: 937-773-1560 ~ Fax: 937-916-3170 ~ Transportation@piqua.org

FORM MUST BE RETURNED BY August 12, 2021

New form is required ***each year* for ***each child*** that you want assigned to ride the school bus to begin the year.
**You may add a child later in the year if they don't need to ride at the start of the year.
**Forms will be processed in the order received and parent will be notified of start date. If you turn your form in later than 8/12, we will do our best to assign your child prior to the start of school but we cannot guarantee this. You will be notified of a start date.

STUDENT NAME: _____
Last Name First Name MI Birthdate

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

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

Mother/Guardian name: _____ **Cell:** _____ **Work:**_____

Father/Guardian name: _____ **Cell:** _____ **Work:**_____

Students get 1 AM stop and 1 PM stop. An AM stop and a PM stop can be at different locations for childcare puproses.

MY CHILD: DOES NOT NEED BUS SERVICE: _____ SIGN BELOW & RETURN NEEDS BUS SERVICE: _____ proceed to next lines

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

MY CHILD WILL NEED TO RIDE @ ASSIGNED STOP FOR THE HOME ADDRESS: AM *only* _____ PM *only* _____ *BOTH* AM & PM_____

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MY CHILD WILL NEED A DAYCARE PROVIDER: AM *only* _____ PM *only* _____ *BOTH* AM & PM_____

CHILD CARE PROVIDERS NAME: _____

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

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

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

PARENT/GUARDIAN Signature: _____ **Date:** _____

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

*****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 to fill out a shared parenting calendar. If you have not already done so, we will need a copy of the court order.***

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 03/31/2021