Transportation Plan Form 2021-2022 School year
UPPER VALLEY CAREER CENTER / PIQUA CITY SCHOOL
1 Indian Trail-Back driveway @ PHS-Suite 12A ~ Phone: 937-773-1560 ~ Fax: 937-916-3170
MUST BE TURNED IN TO TRANSPORTATION OFFICE BY AUGUST 1, 2021

*BE SURE ADDRESS IS UPDATED IN the Parent OneView @ https://www.piqua.org

*New forms will be processed as soon as possible and parent will be notified of start date.
*New form required each year for each student. We will take a scan (NO PHOTOS) to: Transportation@piqua.org
* Form is for home to school and/or school to home.
*Form will not be approved for a bus stop to a friend’s home, to walk or to work.
*** MUST PROVIDE COURT DOCUMENTATION FOR A SHARED PARENTING STOP.

<table>
<thead>
<tr>
<th>STUDENT NAME:</th>
<th>______________________________________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>AM School:</td>
<td>PM School:</td>
</tr>
<tr>
<td>#1 Parent/Guardian Address:</td>
<td>Street address</td>
</tr>
<tr>
<td>Mother’s name:</td>
<td>Cell:</td>
</tr>
<tr>
<td>Father’s name:</td>
<td>Cell:</td>
</tr>
</tbody>
</table>

CHECK IF CHILD WILL RIDE ASSIGNED BUS STOP CLOSEST TO HOME ADDRESS: AM only _____ PM only _____ OR BOTH AM & PM _____

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: _______ Completed: _______

PICK UP BUS STOP LOCATION: ________________________________________________ BUS #: _______

DROP OFF BUS STOP LOCATION: ________________________________________________ BUS #: _______

Approved _____ Denied _____ ________________________________________________ Transportation Director updated 3/31/2021