



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.**

STUDENT NAME: _____			
Last Name	First Name	MI	Birthdate
AM School: _____	PM 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 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: _____
<input type="checkbox"/> EVERYDAY TO <u>AND</u> FROM SCHOOL <input type="checkbox"/> EVERYDAY TO SCHOOL <input type="checkbox"/> EVERYDAY FROM SCHOOL
<input type="checkbox"/> OTHER: CHECK DAYS OF WEEK TRANSPORTATION IS NEEDED (NOTE: <u>IF EVERY OTHER WEEK SCHEDULE IS NEEDED-You must come to office</u>)
<u>AM</u> : <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY
<u>PM</u> : <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> 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