

Start Date: _____

CHAMPION LOCAL SCHOOLS STUDENT BUS FORM

Bus Requests will become effective 48 hours after this form has been Returned to the Transportation Office at 5759 Mahoning Ave NW, Warren, OH 44483

Bus forms transfer from year to year. This form will remain on file until it has been cancelled by a parent/guardian.

Students will be bused to and from their **HOME ADDRESS**. If your child will **not** be riding the bus to and from his/her home address, please fill in the **Alternative Busing** section at the bottom of this page.

Any student that does **not** ride the bus for more than **4 consecutive weeks** will be noted by the driver as a "no show" and will be removed from the bus driver's list and not be able to ride the bus. **This form must be filled out and returned to the Transportation Office 48 hours before you need your child to be put back on a bus route.**

If circumstances change during the school year, a new bus form must be filed with the Transportation Department with **(1) one permanent bus change per school year.**

Thank you for your assistance in helping keep your children safe. Questions should be directed to the Transportation Office, Mr. Mark Harper or Mrs. Paula Eakins, at 330-847-2399 or faxed to 330-847-2336. Thank you for your cooperation.

Respectfully,


Mark Harper, Transportation Supervisor


Pamela Hood, Superintendent

PARENT SIGNATURE _____ DATE _____
(I am the custodial parent or guardian)

HOME ADDRESS _____ HOME PHONE _____

BUS # _____ STUDENT NAME _____ GRADE _____
(First and Last)

WILL **NOT** RIDE THE BUS RETURNING TO THE BUS NEW HOME ADDRESS TCTC Student

ALTERNATIVE BUSING:
REQUESTS ARE LIMITED TO THE SAME ALTERNATIVE ADDRESS FOR THE ENTIRE SCHOOL YEAR.

Directions: Check the appropriate box and complete the alternative information. If "other," please provide the alternative address and phone number of sitter.

<input type="checkbox"/> Kiddie Daycare(847-9393) 5030 Mahoning BUS# _____	<input type="checkbox"/> Pick Up & Drop Off	<input type="checkbox"/> Pick Up Only	<input type="checkbox"/> Drop Off Only
<input type="checkbox"/> Champion Daycare(847-7413) 6270 Mahoning BUS# _____	<input type="checkbox"/> Pick Up & Drop Off	<input type="checkbox"/> Pick Up Only	<input type="checkbox"/> Drop Off Only
<input type="checkbox"/> Wonder Zone(847-0562) 151 Center St. W BUS# _____	<input type="checkbox"/> Pick Up & Drop Off	<input type="checkbox"/> Pick Up Only	<input type="checkbox"/> Drop Off Only

OTHER:

Pick Up & Drop Off at: _____ Phone: _____
Bus# _____ 1 Alternative Address - Monday thru Friday Alternative Phone

PICK UP ONLY at: _____ Phone: _____
Bus# _____ 1 Alternative Address - Monday thru Friday Alternative Phone

DROP OFF ONLY at: _____ Phone: _____
Bus# _____ 1 Alternative Address - Monday thru Friday Alternative Phone

CANCELLATION OF ALTERNATE BUS REQUEST: STUDENT TO BE PICKED UP AND DROPPED OFF AT HOME ADDRESS LISTED ABOVE.

FOR OFFICE USE:

Date received _____ Date entered _____ Office initials _____