

Start Date: _____

**CHAMPION LOCAL SCHOOLS
STUDENT BUS FORM**

***** NEW for 2011/2012***** The Transportation Department has a new computer system that allows the same Alternative Bus Form to transfer from year to year. This form will remain active until it is cancelled by a parent/guardian.

***** NEW ***** Any child that does **not** ride the bus for **4 consecutive weeks**, will be noted to the driver as “no show” and will be **removed** from the bus driver’s list, and will be unable to ride the bus. **This form must be filled out and returned to the Transportation Office 48 hours before you need to have them put back on a bus route.**

Children 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.

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. Joe Toth or Mrs. Paula Eakins, at 330-847-2399 or fax 330-847-2336. Thank you for your cooperation.

Respectfully,

Joe Toth, Transportation Supervisor

Pamela Hood, Superintendent



**New 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**

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 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.

Kiddie Daycare(847-9393) BUS # _____	<input type="checkbox"/> Pick Up & Drop Off	<input type="checkbox"/> Pick Up Only	<input type="checkbox"/> Drop Off Only
Champion Daycare(847-7413) BUS # _____	<input type="checkbox"/> Pick Up & Drop Off	<input type="checkbox"/> Pick Up Only	<input type="checkbox"/> Drop Off Only
Wonder Zone(847-0562) 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 entered _____ Office initials _____