

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 5976 Mahoning Ave NW - Suite B, Warren, OH 44483**

**Bus forms transfer from year to year. This form will remain on file until it has been cancelled/updated 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/or from his/her home address, please fill the Alternative Busing section below and return the form to the Transportation Office 48 hours before you need the change to start. **Our fax number is 330-847-2336.**

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 could 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 Kruger, at 330-847-2399. Thank you for your cooperation.

Respectfully,

  
Mark Harper, Transportation Supervisor

  
John Grabowski, 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       ADD TO BUS ROUTE       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) 5033 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# \_\_\_\_\_ | Alternative Address – Monday thru Friday | Alternative Phone

PICK UP ONLY at: \_\_\_\_\_ Phone: \_\_\_\_\_  
Bus# \_\_\_\_\_ | Alternative Address – Monday thru Friday | Alternative Phone

DROP OFF ONLY at: \_\_\_\_\_ Phone: \_\_\_\_\_  
Bus# \_\_\_\_\_ | 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 \_\_\_\_\_