

**2017-2018 CLEAR FORK VALLEY LOCAL SCHOOLS  
TRANSPORTATION DEPARTMENT - BUS REQUEST FORM**

To assist us in the safe transportation of your child, please complete the information below.  
If any changes arise during the school year, call the Transportation Department at **419-886-3491**.

**Please allow up to one week for bus routing to be completed.**

**You will be responsible for transporting your child(ren) until you receive confirmation from the Bus Garage.**

**PLEASE NOTE:**

- 1) The Hines Ave./Lower Elementary Bldg. in Bellville and Butler Elementary will continue to be a group stop available for Middle / High School students, who live in town, to ride any Clear Fork bus to the Middle / High School and back to town in the afternoon. **MORNING Pick Up time is: 7:05 a.m. – 7:15 a.m.**
- 2) Other group stops in town are to be determined.

Transportation Needed

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

- Please list additional student names/information on the back of this form.\*

MEDICAL ALERTS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PARENTS: \_\_\_\_\_ CONTACT # \_\_\_\_\_

\_\_\_\_\_ CONTACT # \_\_\_\_\_

**IF UNABLE TO CONTACT PARENT(S), please provide additional contact information.**

1<sup>ST</sup> CONTACT NAME \_\_\_\_\_ CONTACT # \_\_\_\_\_

2<sup>ND</sup> CONTACT NAME \_\_\_\_\_ CONTACT # \_\_\_\_\_

Please give a detailed description of the location of the pick-up/drop-off address.  
Example: Rt. 97 E. to Dill Rd. turn left, 2<sup>nd</sup> house on left, Red shutters

**(ONE) PICK-UP ADDRESS** \_\_\_\_\_

LOCATION \_\_\_\_\_

**(ONE) DROP-OFF ADDRESS** \_\_\_\_\_

LOCATION \_\_\_\_\_

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SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ DATE \_\_\_\_\_