

**SPACE AVAILABLE BUS TRANSPORTATION REQUEST
FOR THE 2022 - 2023 SCHOOL YEAR**

Parent/Guardian Name(s) _____ Home Phone _____
 Home Address _____ Phone _____
 Sitter's Address _____ Grade _____
 Student Name _____ Grade _____
 Student Name _____ Grade _____
 Student Name _____

SCHOOL ATTENDING _____

Closest Bus Stop Location (if known) _____

Requesting Transportation (check one) ___ am & pm ___ am only ___ pm only

I request that the Lorain Board of Education consider transporting my child(ren), named above, who live within the designated walking area for our school district.

I understand that ridership will be on a space available basis and that priority will be given to the youngest students who live the greatest distance from school. I also understand that my child may be bumped by an eligible rider at any time.

I understand that this service will begin approximately _____.

I further understand that students will be required to walk to an existing stop in a transportation eligible zone within ½ mile of my residence. I understand that the bus stop must be at the same location for both am and pm. Existing bus routes will not be modified to accommodate this request.

Parent's Signature _____

Date _____

Return completed applications to: bus@loraincityschools.org

Lorain City School District
 ATTENTION: TRANSPORTATION DEPARTMENT
 2601 Pole Ave
 Lorain, Ohio 44052
 Phone (440) 830-4047
 Fax (440) 233-2235

To be completed by the Transportation Department

Approved _____

Not Approved _____

Bus# _____

Reason _____

Bus Stop _____

Stop Time _____

Effective Date _____