

Transportation Request Form 2023-2024

Lorain City Schools

Date: _____

Student's Name _____ Date of Birth _____
First Middle Last

Home Address _____
Street City St. Zip Code

Home Phone _____ Cell Phone _____ Emergency _____

School _____ Grade _____

Medical Alert Driver Should Know _____

Parent/ Guardian Signature _____ E-mail _____

AM Transportation

☐ Same as last Year. No changes

Only one location permitted, unless Court-Ordered Shared Parenting.

- ☐ I will be providing transportation in the AM
☐ My child will attend latchkey- needs NO busing
☐ My child will need busing from bus stop/ home address in the AM
☐ My child will need busing **EVERYDAY** from an alternate address in the AM
☐ Pre-Approved Transportation Request detailed below – **MUST be approved in advance**

Stop Bus _____
Time. _____

Alternate Address: _____

Child Care Provider: _____
Provider's Name Phone Relationship

PM Transportation

☐ Same as last Year. No changes

Only one location permitted, unless Court-Ordered Shared Parenting.

- ☐ I will be providing transportation in the PM
☐ My child will attend latchkey- needs NO busing
☐ My child will need busing from bus stop/ home address in the PM
☐ My child will need busing **EVERYDAY** from an alternate address in the PM
☐ Pre-Approved Transportation Request detailed below – **MUST be approved in advance**

Stop Bus _____
Time. _____

Alternate Address: _____

Child Care Provider: _____
Provider's Name Phone Relationship

Please complete and submit this form selecting the appropriate box for BOTH the AM pick-up and PM drop off. One form required for each student. Only ONE pick up and ONE drop-off permitted per student. Schedule MUST be the same for all school days, unless prior arrangements have been made and approved!!

List any pre-approved transportation requests below:

Transportation Use Only:

Driver notified: _____ Entered into software: _____
Student ID: _____ Parent notified: _____
Initials: _____