

CLEARVIEW LOCAL SCHOOLS
Registration for School Bus Transportation next September

Date: ___/___/___

Currently Riding Bus(s) please include transfers	To School	Home	
Student Name:		Date of Birth (mm/dd/yyyy)	Grade (September):
Note: One request form required for each student			
School Attending in September:		Previous School:	
Parent/Guardian Name:			
Home Address:		Postal Code:	
Home Phone:	Cell Phone:	Alternate Phone:	
Please indicate type of service required:		Regular: <input type="checkbox"/>	
<input type="checkbox"/> AM & PM <input type="checkbox"/> AM Only <input type="checkbox"/> PM Only		Conditional: <input type="checkbox"/>	
Parent/Guardian Signature:		Date:	

Additional Information (such as specific allergies or medical conditions)

Questions, call Transportation: 440-233-6084

To ensure your child is registered please return this form to Transportation
by the end of May, of each year.

Via Fax (440-233-6034), deliver to your school office or mail to
Clearview Local Schools
Transportation Department
4700 Broadway Ave.
Lorain, Ohio 44052

For School District use ONLY				
Transportation Department: Rider status verification				
<input type="checkbox"/> Denied (See Below)				
<input type="checkbox"/> Regular <input type="checkbox"/> Conditional				
Signed				
Notes:				
AM Bus		Transfers		
PM Bus		Transfers		