**\*\*FORM MUST BE COMPLETED FOR EVERY KINDERGARTEN STUDENT\*\***

**School**: LV NF RW **(circle one)**

**Grade:** K PART-TIME KG FULL-TIME

**ELIGIBLE TO KINDERGARTEN STUDENTS WHOSE HOME ADDRESS**

**IS OVER ONE MILE OR MORE FROM BUILDING OF ATTENDANCE**

\*\*PLEASE ALLOW TWO WEEKS FOR PROCESSING\*\*

**ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nordonia Hills Transportation Dept.**

7943 South Bedford Road

Macedonia, OH 44056

P: 330-468-4710

F: 330-908-1789

**eforman@petermannbus.com**

**khrelja@petermannbus.com**

 **BUS STOP REQUEST FORM** \_\_\_\_\_\_\_\_ New Student\_\_\_\_\_\_\_\_ Re-Enroll Request change to current stop

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: City: Zip:

Home Telephone: Daytime Telephone:

 Effective: Cell Phone (optional):

***Note: Students are scheduled for one designated pick-up and one designated drop-off location.***

***These locations need to be the same five days per week for the semester.***

 **Full - Time Part - Time**

|  |  |  |  |
| --- | --- | --- | --- |
| **TO SCHOOL**  |  |  | **TO SCHOOL (Start 9:00 AM)** |
|  | I will drive my child |  |  |  | I will drive my child |
|  | Requesting pick-up by the bus |  |  |  | Requesting pick-up by the bus |
|  | My child will be bused from the following  |  |  |  | My child will be bused from the following  |
|  | daycare or caregiver (name, address, phone): |  |  |  | daycare or caregiver (name, address, phone): |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **FROM SCHOOL** |  |  | **FROM SCHOOL (Ends 11:45 AM)** |
|  | I will pick-up my child |  |  |  | I will pick-up my child |
|  | Requesting drop off by the bus |  |  |  | Requesting drop off by the bus |
|  | My child will be bused to the following  |  |  |  | My child will be bused to the following  |
|  | daycare or caregiver (name, address, phone): |  |  |  | daycare or caregiver (name, address, phone): |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Parent’s Signature: Date:

“After bus stop assignments are made any additional changes in pick-up or drop-off location must be submitted in writing to the Transportation Department with a corrected Transportation form. Please allow TWO weeks for processing”

**IMPORTANT DAY CARE INFORMATION**

For your planning purposes, school bus transportation is provided to/from the following school/day care centers:

 **Ledgeview Northfield Rushwood**

 Kindercare Stepping Stone Stepping Stone

 YMCA Kindercare NF Presbyterian

 Goddard School NF Presbyterian

 Kairo Kids Learn Laugh Love

 Kairo Kids