**Private School Transportation Form**

Grade: K 1 2 3 4 5 6 7 8 9 10 11 12 (circle one)

**ELIGIBLE TO NORDONIA RESIDENTS, K-12 STUDENTS**

 **WHOSE IN DISTRICT 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

Please email to:

**eforman@petermannbus.com**

**khrelja@petermannbus.com**

Transportation 330-468-4710 Fax 330-908-1789

 BUS STOP REQUEST FORM

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

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: City: Zip: \_\_\_\_\_\_\_\_

Home Telephone: Daytime Telephone:

 Effective Date: Cell Phone (optional):

Please check the appropriate responses regarding transportation for your child.

SCHOOL MY CHILD WILL BE ATTENING

\_\_\_\_\_\_\_\_\_\_\_\_\_ Aurora Valley Christian Academy

\_\_\_\_\_\_\_\_\_\_\_\_\_ Cuyahoga Valley Christian Academy

\_\_\_\_\_\_\_\_\_\_\_\_\_ Lawrence Upper School

\_\_\_\_\_\_\_\_\_\_\_\_\_ St. Barnabas

\_\_\_\_\_\_\_\_\_\_\_\_\_ Walsh Jesuit High School

TO SCHOOL

 I will drive my child to school. Requesting pick-up by the bus.

My Student will be bused from the following daycare: \_\_\_ Kinder Care \_\_\_ NPDC \_\_\_ Stepping Stones \_\_\_ Kairo Kids

Or caregiver (List name of person, address, telephone number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM SCHOOL

 I will pick up my child from school. Requesting drop off by the bus.

My Student will be bused to the following daycare: \_\_\_ Kinder Care \_\_\_ NPDC \_\_\_ Stepping Stones \_\_\_ Kairo Kids

Or caregiver (List name of person, address, telephone number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: Date:

 **OFFICE USE ONLY**

Approval

EFFECTIVE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10/27/2017