## \*\*FORM MUST BE COMPLETED FOR EVERY $1st-12^{th}\ grade\ student$ \*\*

ID#

Nordonia Hills Transportation Dept.

7943 South Bedford Road Macedonia, OH 44056

## Grade: 1 2 3 4 5 6 7 8 9 10 11 12 (circle one) School: LV NF RW STB LE MS HS *Other* (circle one)

## ELIGIBLE TO K-12 STUDENTS WHOSE HOME ADDRESS IS OVER ONE MILE OR MORE FROM BUILDING OF ATTENDANCE

Transportation	1 330-468-4710 Fax 3	30-908-1789	**PLEASE ALLO	W TWO WEEK	<u>KS FOR PROCESSING</u> **	
BUS STOP I	REQUEST FORM	New Student	Re-Enroll	Request	change to current stop	
Student	t Name:					
Parent	Name:					
Address:			City: _		Zip:	
Home Telephone:		Day	Daytime Telephone: _			
Effective Date:		Cel	Cell Phone (optional):			
Please Note: TO SCHOOL	<ul><li>I will drive my child to s</li><li>My child will be bused</li></ul>	ed for <u>one</u> designated to be the same five of school.	d pick-up and <u>one</u> days per week for t	Requesting pi	op-off location.	
		to the following dayca	are or caregiver:	Requesting di	rop off by the bus.	
New stop location	on requested					
Parent's Signat	ure:			Date:		
	assignments are made ar tion. This form can be ob				litional changes in pick up ls.org.	
For your planning Ledgeview Kindercare YMCA Goddard School	ng purposes, school bus <u>Northfield</u> Stepping Stone Kindercare	Rushwood Stepping Sto NF Presbyte	ided to/from the follong   Lee Eat   Stepping	owing school/da : <u>on</u> g Stone	ay care centers:  St. Barnabas Stepping Stone Kindercare NF Presbyterian	
CTD:		OFFICE USE (	ONLY			
REMOVE ADD TO: AM ROU	E FROM AM ROUTE E FROM PM ROUTE TE / PM ROUTE DP / EXISTING STOP SCHOOL	EFFECTIVE D. (7)		al Reg. Approval_ cted Start Date		