

CHANGE IN TRANSPORTATION INFORMATION
(Complete ONE FORM for EACH CHILD)

Bedford City Schools Transportation Department
25441 Solon Road
Bedford Heights, Ohio 44146

PHONE: 440-439-4234
FAX: 440-439-4673

This form should be filled out if your child will be picked-up or dropped-off at a location other than the stop closest to your home address. Your child's school receives a copy of this form so that the teachers know whether or not to put your child on a bus. **This form is valid for one school year only and must be resubmitted by June 1 for the next school year.**

PLEASE PRINT

School: _____

CHILD'S Last Name: _____ First Name: _____

Home Address: _____ Apt. #: _____

Home Phone: _____ Grade: _____ D.O.B.: _____

Parent's Name: _____ Work / Emergency #: _____



CHANGE IN TRANSPORTATION INFORMATION

Name of DAY CARE or SITTER: _____

Address: _____ Phone #: _____

Date to begin: _____ (ALLOW ONE WEEK TO PROCESS THIS REQUEST)

Indicate your transportation request below. **The stop will be assigned to the nearest existing stop.**

_____ PICK UP ONLY from the day care or sitter and take to school

_____ DROP OFF ONLY after school to the day care or sitter listed above
(DROP OFF LOCATION MUST BE THE SAME PLACE EACH DAY)

_____ PICK UP & DROP OFF at the day care or sitter listed above
(DROP OFF LOCATION MUST BE THE SAME PLACE EACH DAY)

_____ NO MORNING TRANSPORTATION NEEDED

_____ NO AFTERNOON TRANSPORTATION NEEDED

This will be the transportation information for my child for the CURRENT school year ONLY.

Parent/guardian signature: _____ Date: _____

TRANSPORTATION OFFICE USE ONLY:

Stop assignment (if different than above requested): _____

P.U. _____

D.O. _____