

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
email: pcarney@bedford.k12.oh.us

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: _____

CHILD'S First Name: _____

Home Address: _____

Apt. #: _____

Home Phone: _____

Grade: _____

D.O.B.: _____



TRANSPORTATION INFORMATION

Name of DAY CARE or SITTER: _____

Address: _____

Phone #: _____

Date to begin: _____ (CALL 440-439-4234 TO SEE WHEN THIS CHANGE CAN BEGIN.)

Indicate your transportation request below. **YOUR CHILD 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

DO NOT FILL THIS FORM OUT IF YOU HAVE MOVED FROM THE ADDRESS WE HAVE ON FILE. INSTEAD, CALL 440-439-4395 FOR FURTHER INSTRUCTIONS.

Parent/guardian signature: _____

Date: _____

TRANSPORTATION OFFICE USE ONLY:

Stop assignment (if different than above requested): _____

P.U. _____

D.O. _____