



3040 Kemp Road, Beavercreek, OH 45431 • www.beavercreek.k12.oh.us • Phone: (937) 426-1522 • Fax: (937) 429-7517

Transportation Phone # 937-429-7531 ext 1 Fax # 937-429-7693 Todd W. Scott, Supervisor, Buildings, Grounds & Transportation

REQUEST FOR TRANSPORTATION TO DAYCARE/SITTER

Effective Date: _____

NAME OF STUDENT _____ GRADE _____

STUDENT'S HOME ADDRESS _____

SCHOOL _____

NAME OF PARENT/GUARDIAN _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____

• **TRANSPORTATION TO SCHOOL: (BUS STOP MUST BE ON EXISTING ROUTE-NO ADDITIONAL STOPS WILL BE ADDED)**

I am requesting that the above-named child or children be picked up at the school bus stop closest to:

DAYCARE/SITTER'S NAME _____ PHONE NUMBER _____

DAYCARE/SITTER'S ADDRESS _____

• **RETURN TRANSPORTATION: (BUS STOP MUST BE ON EXISTING ROUTE-NO ADDITIONAL STOPS WILL BE ADDED)**

I am requesting that return transportation be provided to the closest school bus stop to:

DAYCARE/SITTER'S NAME _____ PHONE NUMBER _____

DAYCARE/SITTER'S ADDRESS _____

NOTE: Beavercreek Schools cannot provide transportation service to an alternate location outside of the student's home school boundaries.

Date of Request

Parent or Guardian Signature

FOR OFFICE USE ONLY

Form Routing:

_____ Original received at elementary building. Copy sent to Transportation.

_____ Original received at Transportation. Copy sent to elementary building.

_____ Copy given to homeroom teacher by office staff.

_____ Copy given to school bus driver(s) by Transportation.