



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

### SHARED PARENTING TRANSPORTATION REQUEST

Effective Date: \_\_\_\_\_

*Directions: Please complete and return to Transportation*

NAME OF STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT'S HOME ADDRESS \_\_\_\_\_

SCHOOL \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

PARENT ALTERNATE ADDRESS \_\_\_\_\_

ALTERNATE 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/children be picked up at the school bus stop closest to:**

PARENT ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**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:**

PARENT ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**NOTE: Beavercreek Schools cannot provide transportation to a location outside of the student's home school boundary.**

\_\_\_\_\_ Date of Request

\_\_\_\_\_ Parent Signature

**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.