



**WARRENSVILLE
HEIGHTS**
City School District

ALTERNATE BUS STOP FORM

PLEASE DOWNLOAD THE FORM, FILL-IN, SIGN, AND RETURN TO YOUR CHILD'S SCHOOL

STUDENT NAME: _____

HOME ADDRESS: _____

SCHOOL: _____ GRADE: _____

PARENT/GUARDIAN NAME (PRINT): _____

HOME PHONE NUMBER: _____ MOBILE PHONE: _____

WORK PHONE NUMBER: _____

Please Choose One of the Following Options:

- Pick-up will be at the following daycare or address with drop-off at HOME: _____
- Pick-up at HOME with the drop-off at the following Daycare or Address: _____
- Pick-up AND drop-off at the following DAYCARE or ADDRESS: _____

START DATE: _____ FOR THE SCHOOL YEAR

Signature: _____ Date: _____

If you are not using a local daycare facility, please include the name and phone number of the person responsible for watching your children.

Name: _____ Phone Number: _____

Signed Authorization: _____ Signature Date: _____

Principal Approval: _____ Date: _____

Note: We will not accommodate any requests without a proper signature from the legal guardian. Transportation Dept. needs 2 days to process your request after receiving authorization.

10-7-2016