



- NEW STUDENT
- ADDRESS CHANGE

- WHCSD Student
- Chartered/Community (Address, Contact, Telephone Below)

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ DOB \_\_\_\_\_ SPECIAL NEEDS \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ DOB \_\_\_\_\_ SPECIAL NEEDS \_\_\_\_\_

3. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ DOB \_\_\_\_\_ SPECIAL NEEDS \_\_\_\_\_

House No \_\_\_\_\_ Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name (Print) \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Ext \_\_\_\_\_

Email address (1) \_\_\_\_\_ Email address (2) \_\_\_\_\_

Chartered/Community School Address \_\_\_\_\_

Chartered/Community School Contact & Telephone: \_\_\_\_\_

Please choose one of the following options: CONTACT METHOD: / / HOME / / CELL / / WORK / / EMAIL

**POR (Check): CAT 1 (ONE NEEDED):** Deed – Lease – HUD Dual Residency;  
**CAT 2(TWO NEEDED):** Gas – Light – Cable – Water - Sewer – Home Phone – Gov't Doc (IRS) &  
 Collections – Auto, Home, Renter's Insurance – Vehicle Registration – Pay Stub – Voter's Reg.

**Emergency Contacts:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

I understand that if I fail to follow the Board Policy 5610.04 – Suspension of Bus Riding/Transportation Privileges, Page 61, Student/Parent Code of Conduct Handbook, *Rights and Responsibilities*, disciplinary actions may result.

Note: This entire form must be completed and returned. DOWNLOAD, PRINT AND MAIL OR DROP OFF TO: TRANSPORTATION DEPT., ATTN: MRS. ELAINE CALLAHAN 4285 WARRENSVILLE CENTER ROAD, WARRENSVILLE HEIGHTS, OH 44128

YOU CAN ALSO EMAIL THE COMPLETED FORM TO ELAINE.CALLAHAN@WHCSD.ORG

**APPROVED / /; DENIED / /**

**THIS FORM ONLY NEEDS TO BE COMPLETED IF YOU NEED YOUR CHILD(REN)  
DROPPED OFF AT A LOCATION OTHER THAN THEIR HOME ADDRESS.**



**WARRENSVILLE  
HEIGHTS**  
City School District

WARRENSVILLE HEIGHTS CITY SCHOOL  
**ALTERNATE TRANSPORTATION FORM**  
(Must be Attached to Original Transportation Form)

- NEW STUDENT
- ADDRESS CHANGE

- WHCSD Student
- Chartered/Community (Address, Contact, Telephone Below)

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ DOB \_\_\_\_\_ SPECIAL NEEDS \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ DOB \_\_\_\_\_ SPECIAL NEEDS \_\_\_\_\_

3. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ DOB \_\_\_\_\_ SPECIAL NEEDS \_\_\_\_\_

House No \_\_\_\_\_ Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name (Print) \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Ext \_\_\_\_\_

Email address (1) \_\_\_\_\_ Email address (2) \_\_\_\_\_

Chartered/Community School Address \_\_\_\_\_

Chartered/Community School Contact & Telephone: \_\_\_\_\_

Please choose one of the following options:

*Pick-up at **HOME** with the drop-off at **DAYCARE or ADDRESS***

○ \_\_\_\_\_

*Pick-up at **DAYCARE or ADDRESS** with drop-off at **HOME***

○ \_\_\_\_\_

*Pick-up **AND** drop-off at the following **DAYCARE or ADDRESS***

○ \_\_\_\_\_

START DATE: \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Signed Authorization \_\_\_\_\_ Date \_\_\_\_\_

Principal Approval \_\_\_\_\_ Date \_\_\_\_\_

NOTE: We will not accommodate any request without a proper signature from the legal guardian. The Transportation Department will need 2 days to process your request after receiving authorization.

Note: This entire form must be completed and returned.

**APPROVED / /; DENIED / /**

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HEIGHTS, OH 44128 OR EMAIL TO ELAINE.CALLAHAN@WHCSD.ORG