

2015-2016 Bus Request Form

Every family with school aged children is asked to complete this form in order for the transportation department to establish the routes for the 2015-2016 school year. Completed forms can be returned with students to the each school building's main office, Board of Education office, or mailed to: Versailles Schools, c/o Transportation Dept, 459 S. Center St., P.O. Box 313, Versailles, OH 45380.

- All requests and changes must be made through the Superintendent's Office using the Bus Request Form.
- The deadline for receiving this information is **Thursday, April 30, 2015**. Changes after April 30th must use this form, as well.
- Please complete this paperwork as accurately as possible. Verbal requests will not be honored.
- Copies of the bus procedures are available by request or by visiting www.versailles.k12.oh.us, Transportation.

Because we need to allow bus drivers the opportunity to learn their routes, changes for any reason to bus routes after August 14, 2015 will need Superintendent or Transportation Coordinator's approval. All bus requests are required to provide a 48 hour notice. In all cases, 48 hour notice excludes weekends and days when school is not in session.

PARENT/GUARDIAN INFORMATION

Names: _____ Home Phone: _____
Street Address: _____ Cell Phone: _____
City & State: _____ Email: _____

CHILD(REN) INFO

	<u>FOR 2015-2016</u>	<u>Student ID</u>	<u>Will Ride the Bus</u>	
Student: _____	Grade _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student: _____	Grade _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student: _____	Grade _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student: _____	Grade _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

HOW OFTEN WILL STUDENT(S) RIDE: Regularly Occasionally Emergency Purposes Only

NOTE: Student(s) who ride occasionally or for emergency purposes only will need to notify the Transportation Dept. at 526-4773 two days in advance.

REGULAR DAILY TRANSPORTATION TO AND FROM SCHOOL (For students who ride regularly or occasionally)

Pick-Up Address: _____ Drop Off Address: _____
Phone Number: _____ Phone Number: _____
Email: _____ Email: _____
Name: _____ Name: _____
(Person responsible for child at this address) (Person responsible for child at this address)

BUS STOP REQUEST

Currently available to students in grades K-6 only. Choose ONE bus stop below.

YMCA Catalpa Jackson & Washington Greenlawn & Brandon Oak & Chestnut E. Main/Homer

Parent Signature: _____ Date: _____