



AVON LOCAL SCHOOLS

Michael Laub, Superintendent
James Hudson, Treasurer

35573 Detroit Road
Avon, OH 44011
440-937-4680
www.avonlocalschools.org

TRANSPORTATION REQUEST FORM

In order for your child to be picked up/dropped off at a private sitter or day care, this form must be completed. This form only needs to be completed if your child will be going someplace other than your home address. **REQUESTS MUST BE MADE FOR A PERIOD OF FIVE DAYS PER WEEK, SAME ADDRESS, AND NO EXCEPTIONS.** Parents are responsible to transport their children if there is a change in their work schedule.

Today's Date _____

Student's Name:				Phone Number:	(area code)
School Year Attending:		School:		Grade:	
Student Address:					
Parent/Guardian Name:				Home Phone Number:	(area code)
Work Phone Number:	(area code)			Cell Phone Number:	(area code)
At what time during the day will your child be in the care of: Private Sitter / Day Care ?					
Before School Only		After School Only		Before AND After School	
Sitter/Day Care Name:				Phone Number:	(area code)
Address:					

PLEASE NOTE

1. All requests must be received by August 13th of the current school year. Requests received after August 13th may not be approved until the second week of school.
2. Requests will be handled in the order received and can only be granted if space is available on the bus.
3. Bus routes will not be changed to accommodate requests. Private childcare providers must reside in the same am/pm region for the transportation privilege.

Please return this form to: Sue Cole or Jeanne DiFrancesco
Transportation Department
35601 Detroit Road
Avon, OH 44011

Parent/Guardian Signature:				Date:	
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OFFICE USE ONLY:

Transportation Form2.docx
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AM BUS _____

PM BUS _____