



# ALTERNATE TRANSPORTATION REQUEST

*This form is only needed if a student needs to be transported to a location other than their home address. Forms must be completed and submitted annually. Please complete a separate form for each student. Return completed forms to the FHSD Transportation Department by the end of June each school year: 7600 Forest Road, Cincinnati, Ohio 45255 \* Fax: 513-231-2139 \* richardporter@foresthills.edu*

*If childcare changes during the school year, please notify the FHSD Transportation Department as soon as possible!*

School Year \_\_\_\_\_

Student Name \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

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

### DAYCARE/SHARED PARENTING INFORMATION

**\*\*Requests for alternate transportation schedules need to be on a consistent basis. Only one alternate location can be accommodated.\*\***

Daycare Provider/Shared Parenting Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

My child will ride from this address in the morning to school  Yes  No

My child will ride from this address to go to afternoon kindergarten  Yes  No

My child will ride to this address when morning kindergarten dismisses  Yes  No

My child will ride to this address in the afternoon/when school dismisses  Yes  No

The above schedule is in effect on the following days  Monday  Tuesday  Wednesday  Thursday  Friday

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

AM Rt # \_\_\_\_\_ Noon Rt ## \_\_\_\_\_ PM Rt ## \_\_\_\_\_ Pick-Up Time# \_\_\_\_\_

Stop Location \_\_\_\_\_

