



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: 3652 Roundbottem Road, Newtown, Ohio 45244 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 _____

