



# Centerville City Schools Transportation Form

Transportation Office Use Only

BUS # \_\_\_\_\_

PLEASE READ: Each school year, students are routed to and/or from their home address IF they were routed that way the prior school year. If your student will now ride to and/or from home and has not done so in the past, please complete the form indicating the request of school bus transportation. If your student is being transported to and/or from a sitter's home (residential addresses only-buses do not stop at businesses), the sitter must be in the same attendance area as your student. For sitter transportation, you **MUST** complete a new form at the beginning of each school year and/or when a change is necessary.

*\*ALL PVN & PVS students: Please complete the form every school year in order to maintain your students' transportation.\**

**Remember: Transportation changes other than home to school/school to home are a privilege and frequent changes are disruptive to our regularly scheduled bus routes – please make sure this will be a long term change before completing.**

**The Transportation Department has up to 3 days to complete change requests.**

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ (AM/PM)  
 Student Name: \_\_\_\_\_  
 Parent/Guardian's Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Please place an "X" in the boxes below to indicate your student's schedule:**

**TO SCHOOL SCHEDULE:**

Day of the Week	WALKER	PARENT/GUARDIAN Drop Off	DAYCARE VAN *	SCHOOL BUS From Residential Sitter **	SCHOOL BUS From Home
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

**FROM SCHOOL SCHEDULE:**

Day of the Week	WALKER	PARENT/GUARDIAN Pick Up	DAYCARE VAN * or VOYAGER	SCHOOL BUS To Residential Sitter **	SCHOOL BUS To Home
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

**DATE EFFECTIVE:** \_\_\_\_\_

**\*Name of Daycare:** \_\_\_\_\_ Phone: \_\_\_\_\_

Daycare Address: \_\_\_\_\_

**\*\*Name of Sitter:** \_\_\_\_\_ Phone: \_\_\_\_\_

Sitter Address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\*PLEASE RETURN THIS FORM TO YOUR STUDENT'S SCHOOL OF ATTENDANCE\*\*\***

*Office Use Only*

Date School Rec'd \_\_\_\_\_ Date Faxed to Transportation \_\_\_\_\_ Date Transportation Rec'd \_\_\_\_\_ Faxed Back to School \_\_\_\_\_