



CLEVELAND HEIGHTS-UNIVERSITY HEIGHTS CITY SCHOOL DISTRICT
DEPARTMENT OF BUSINESS SERVICES

REQUEST FOR CHANGE IN TRANSPORTATION NEEDS

KINDERGARTEN – FIFTH GRADE ONLY

PLEASE PRINT

REQUESTS WILL TAKE 3-5 DAYS TO PROCESS

I hereby request a change in transportation needs for the current _____ school year for the student whose name and information is listed below: Transportation will begin no sooner than 3 days after being received in the Transportation Department. Requested start date _____.

STUDENT INFORMATION:

Special Education Student: YES NO
(CIRCLE ONE)

Students Name: _____ Grade Level: _____

School of Attendance: _____ Teacher's Name: _____

Home Address: _____ Home Phone: _____

EMERGENCY INFORMATION:

Parent/Guardian: _____ Work Phone: _____

Emergency Contact: _____ Emergency Number: _____

The following change in pickup/drop-off location is requested.

***NOTE: IF DAYCARE/AFTERCARE IS CLOSED, IT IS THE PARENT'S RESPONSIBILITY TO TRANSPORT CHILD TO SCHOOL OR HOME FROM SCHOOL.**

**** NOTE: We will only transport within the CH-UH School District**

CIRCLE ONE:

- 1) A.M. Pick up from Daycare/Sitter's location/To School Only
- 2) P.M. Drop off from School to Daycare/Sitter's Location Only
- 3) AM/PM Pick up & Drop off from Daycare/Sitter's Location Daily

Name of Daycare Facility/Sitter: _____

Address: _____ Phone#: _____

PLEASE CIRCLE THE DAY(S) YOU WISH TO HAVE THIS SERVICE PROVIDED:

DAILY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

UNLESS OTHERWISE INDICATED IN WRITING, WE MUST ASSUME THAT THIS REQUEST WILL BE UNTIL FURTHER NOTICE. **THIS REQUEST WILL BE IN EFFECT FOR THE CURRENT SCHOOL YEAR ONLY.**

Signature of Parent/Guardian

Date

FOR TRANSPORTATION DEPARTMENT USE ONLY:

Change Current Route/Stop Location to be:

AM Route ____ Time ____ Stop Location _____

PM Route ____ Time ____ Stop Location _____