

NORTH OLMSTED CITY SCHOOL DISTRICT - TRANSPORTATION SERVICES

27463 Butternut Ridge Road

North Olmsted, OH 44070

Phone: (440) 779-3581 Fax (440) 779-3514

BASIC TRANSPORTATION VARIANCE FORM FOR THE _____ - _____ SCHOOL YEAR

After the start of the school year, a request for a transportation variance for **each child** must be submitted a minimum of 72 working hours prior to the requested change. **The variance is valid for only one school year.**

Student's name _____	Home Phone _____
Address _____	Parent Name(s) _____
City, State, Zip _____	Mother Work Phone _____
	Father's Work Phone _____
	Other contact name _____
School _____	Other contact phone _____
Grade _____ Birth date _____	e-mail: _____
(For Kindergarten indicate AM or PM)	

I am requesting that the above listed child be transported from and/or to locations other than said child's residence. I understand that the alternate location(s) will be the permanent address for pick up and drop off and be located on a regularly established bus route.

Parent/Guardian Signature: _____ Date: _____

TRANSPORTATION REQUESTED

I would like transportation to begin on : _____

PICK UP (TO SCHOOL)

DROP OFF (FROM SCHOOL)

Street Address _____

Street Address _____

Phone: _____

Phone: _____

Signature _____

Signature: _____

(Of adult at this address)

(Of adult at this address)

ALL Days (cannot vary)

ALL Days (cannot vary)

To be completed by the Transportation Department:

Approved Not Approved By: _____ Date: _____ Effective Date: _____

Pick up: Bus # _____ Stop Location _____ Pick Up Time: _____

Drop Off Bus # _____ Stop Location _____

PICK UP AND DROP OFF LOCATIONS MUST BE THE SAME ALL FIVE DAYS OF THE WEEK. VARIANCES WILL ONLY BE ALLOWED TO BE CHANGED TWO TIMES DURING THE SCHOOL YEAR.