

**MONROEVILLE LOCAL SCHOOLS-TRANSPORTATION DEPARTMENT REQUEST FOR
TRANSPORTATION FROM AND/OR TO BABY-SITTER**

A request for baby-sitter transportation form for each child must be received five (5) days prior to the requested change. Send all copies of the request to the Transportation Department, 101 West St., Monroeville, OH 44847, Attn: Don Beck.

On approval by the Supervisor of Transportation the parent, school, and bus driver will be notified of the change. **(Transportation will start within one week of the submission of this form).**

Date _____ **School** _____ **Grade** _____

Student's Name _____ **Phone** _____

Residence Address _____ **City** _____

I am requesting that my child (listed above) be transported from and/or to locations other than school and my 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 at the time of day that I am requesting service. The requested pick up and drop off will be consistent five (5) days per week.

I hereby release the Monroeville Local Schools, its Board of Education, its officer and employees from any liability which may result from complying with the request for transportation of my child from and/or to location other than school and my residence.

I acknowledge that once my child is transported from/to the designated pick up and/or drop off point, I assume full responsibility for the safety and welfare of my child. I will be certain that my child knows the destination each day and also knows the backup plan at each location in the event that my child finds no one available at the destination. It is suggested that your baby-sitter meet your child at the bus stop. Remember all students are to be at their assigned bus stops five (5) minutes before the scheduled arrival time. Students must be clearly instructed by their parents or guardians where they are to get on/off the bus; this may need to be a daily instruction.

Print Name (Parent/Guardian) _____ Date _____

TRANSPORTATION REQUESTED ONE PICK-UP LOCATION AND ONE DROP-OFF LOCATION

I would like transportation to begin: (date) _____

Pick-Up

Drop-Off

Street Address _____

Street Address _____

City _____

City _____

Signature of Adult at this Address:

Signature of Adult at this Address:

Phone _____

Phone _____