

TRANSPORTATION REGISTRATION - WEST GEAGA

(PLEASE PRINT)

(1 CARD PER CHILD)

DATE OF BIRTH _____

Date _____ School Year 20____ - to 20____

Pupil's Name _____ Sex _____
M or F

Address _____
Number Street

City _____ Zip Code _____

Address Location Between _____ and _____
Street Street

Parent/Guardian Name(s): _____;

Assigned School: ___Lindsey ___Westwood ___ Middle School ___ High School

Non-Public: _____ Present Grade _____
School Name

FOR SCHOOL USE ONLY
STUDENT STATUS:

Pupil ID# _____

___New ___Withdrawal ___Transfer within District

Kindergarten ___A.M. ___P.M. ___Full Day

Bus No. _____A.M. _____P.M.

No. of School Age Siblings: _____

Attending W.G. _____ Attending Other _____

Will alternate pick-up / drop off be needed for childcare? : **YES** (Complete Bus Change Request below) **NO**

I understand that transportation is provided by the West Geauga School District, my child agrees to follow all rules and regulations established by the West Geauga Board of Education and/or their official representatives. Failure to do so is good and sufficient reason to discontinue transportation services for my child.

Signature of Parent/Guardian Telephone Numbers or Telephone Numbers

TRANSPORTATION BUS CHANGE REQUEST

- High School Middle School R.C. Lindsey
 Westwood Other (please Specify): _____

STUDENT NAME _____ GRADE: _____

<u>PICK-UP INFORMATION – (A.M.)</u>	<u>DROP-OFF INFORMATION (P.M.)</u>
Current Address _____ Current Bus# _____	Current Address _____ Current Bus# _____
New Address _____ New Bus# _____	New Address _____ New Bus# _____
Contact Person at New Address _____ Phone at New Address _____	Contact Person at New Address _____ Phone at New Address _____

EFFECTIVE DATES OF CHANGE: From: ___/___/___ To: : ___/___/___ **DAYS OF CHANGE:** M T W TH F

REASON FOR CHANGE: _____

It is the position of the West Geauga Board of Education to provide transportation to and from a student's place of residence. Requests for changes can only be considered with respect to REGULAR ESTABLISHED ROUTES AND PICK UP AND DROP OFF POINTS. The undersigned understands that this is only a request for consideration and not a guarantee for approval. A bus change, if granted, is for the current school year only. Students' residential address will be used the following school year unless another bus change is requested.

Signature of Parent/Guardian Date _____/_____/_____

Daytime Telephone Number

FOR OFFICE USE ONLY

Building	_____/_____/_____ Initials Date	<input type="checkbox"/> Approved
Transportation	_____/_____/_____ Initials Date	<input type="checkbox"/> Denied