

**BELLEVUE CITY SCHOOL DISTRICT – 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, Bellevue City School District, 509 Moore Ave; Bellevue, Ohio 44811.

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 Bellevue City School District, its Board of Education, its officers and employees from any liability which may result from complying with my request for transportation of my child from and/or to locations 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:

To be completed by Transportation Department: Effective Date: _____