



ALTERNATE BUS STOP REQUEST



DROP OFF or Mail COMPLETED FORM TO:
 308 Maple Avenue Chardon, Ohio 44024
 Or Email it to:
 Transportation@chardonschools.org

Alternate Location requests must be submitted each year and **MUST** be received in the Transportation Office by **July 31st**. Requests made after the July 31st deadline will not be processed or approved until after September 1st.

Students Last Name _____ Students First Name _____ Students Middle Name _____

Home Street Address _____ City _____ State OHIO Zip _____

Home Phone/Cell Phone _____ School Building _____ Grade _____

My Alternate Request is for a: [] – Day Care Facility OR [] – Sitter

Daycare/Sitter Name: _____ Phone: _____

Alternate Address: _____

Please check off when child is transported to/from Daycare or Sitter ALTERNATE location.

(check one)

- Regular
- IEP- Special Ed

AM Pick-Up

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- EVERYDAY

PM Drop-off

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- EVERYDAY

FOR PRESCHOOL

(check one)

- ½ day AM
- ½ day PM

AM Pick-Up

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- EVERYDAY

**Mid-Day
Pick-Up or Drop-Off**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- EVERYDAY

PM Drop-Off

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- EVERYDAY

Parent/Guardian PRINTED Name: _____

Parent/Guardian Signature: _____ Date: _____

TRANSPORTATION OFFICE USE ONLY

- [] – Approved [] – Denied [] – On Hold.
- [] – Processed [] – Parent Notified [] – School Notified [] – Driver Notified