

ARCADIA LOCAL SCHOOL STUDENT TRANSPORTATION REGISTRATION

In an effort to make the bus route more efficient, we are now requiring parents/guardians to request transportation for their student(s). **YOU MUST COMPLETE AND RETURN THIS FORM FOR THE 2020-21 SCHOOL YEAR IN ORDER FOR YOUR STUDENT TO BE PLACED ON A BUS ROUTE.** Please complete the form even if your child **does not** need to ride the school bus. (Please complete one form for each student.)

Current Student: _____ New Student: _____ In District: _____ Open Enrolled: _____

Student's Name _____ Grade: _____

Student's Address _____

**Pick Up/Drop Off Alternate location different from home address: _____

Custodial Parent/Guardian: _____ Phone: _____

Alternate Contact: _____ Phone: _____

***BUS TRANSPORTATION NEEDED: AM _____ PM _____ BOTH _____

***PARENT WILL DROP OFF / PICK-UP: AM _____ PM _____ BOTH _____

***STUDENTS WILL WALK / DRIVE: AM _____ PM _____ BOTH _____

Open Enrolled Student's Current Bus Pickup Location: _____ Preferred Location: _____

If your child is being picked up/dropped off at an alternate location, you must complete the **Child Care Service Request Form to accommodate a child care provider location pick up or drop off. The form can be picked up in the office or found on the District's website at www.arcadiaschools.org.

I understand the Policies and Procedures of the Arcadia Board of Education regarding student transportation.

Parent/Guardian Signature: _____

Email any questions or concerns to Bret Voges, Transportation Supervisor (vogesb@arcadiaschools.org) or call 419.894.6431, enter 103 at the message prompt.

Please return this form by **July 31, 2020** to the school in person or mail to:

**Arcadia Local School
Transportation Department
19033 SR 12
Arcadia, OH 44804**

****THIS SECTION TO BE COMPLETED BY THE TRANSPORTATION DEPARTMENT****

Bus Service for the above student has been established as follows and can begin on the date indicated:

	BUS #	PICK UP TIME	DROP OFF TIME	LOCATION
AM				
PM				
ALT				

YES NO **Child Care Service Request Form Submitted**

**Authorized Start Date: _____