

SPACE AVAILABLE BUS TRANSPORTATION REQUEST FOR THE 2023-2024 SCHOOL YEAR

Parent/Guardian Name(s) _____

Home Phone _____

Home Address _____

Phone _____

Sitter's Address _____

Grade _____

Student Name _____

Grade _____

Student Name _____

Grade _____

Student Name _____

SCHOOL ATTENDING _____

Closest Bus Stop Location (if known) _____

Requesting Transportation (check one) ___ am & pm ___ am only ___ pm only

I request that the Lorain Board of Education consider transporting my child(ren), named above, who live within the designated walking area for our school district.

I understand that ridership will be on a space available basis and that priority will be given to the youngest students who live the greatest distance from school. I also understand that my child may be bumped by an eligible rider at any time.

I understand that this service will begin approximately _____.

I further understand that students will be required to walk to an existing stop in a transportation eligible zone within ½ mile of my residence. I understand that the bus stop must be at the same location for both am and pm. Existing bus routes will not be modified to accommodate this request.

Parent's Signature

Date

Return completed applications to: bus@loraincityschools.org

Lorain City School District
ATTENTION: TRANSPORTATION DEPARTMENT
2601 Pole Ave
Lorain, Ohio 44052
Phone (440) 830-4047
Fax (440) 233-2235

To be completed by the Transportation Department

Approved _____

Not Approved _____

Bus# _____

Reason _____

Bus Stop _____

Stop Time _____

Effective Date _____