North Central Local School District
Transportation Request

Please complete this form if you are asking for your child to be picked up or dropped off at your address or at any address other than your place of residence, OR, if your child does not require bus service. You can return the completed form to any building office, email it to emoreland@northeasternschool.org or fax it to 419-737-3361. If your request is approved your child will bring home a paper with the appropriate bus change information.

- Student Name ___________________________ Grade/Room ___________________________
- Home Address ___________________________ Home Phone ___________________________
- Parent’s Name ___________________________ Cell Phone ___________________________
- Parent Email ___________________________ Parent Work Phone ___________________________

Check here if student does not require AM bus service. [ ]  
Check here if student does not require PM bus service. [ ]

AM Pick-up Location
Name of responsible party ___________________________ Phone ___________________________
Address ___________________________ City ___________________________

PM Drop-off Location
Name of responsible party ___________________________ Phone ___________________________
Address ___________________________ City ___________________________

*Parent Signature __________________________________________

*Requested Beginning Date: _____________________________

For Office Use Only

Approved ________ Not Approved ________ Date Received ________________
Notes ____________________________________________________________

Adopted: ___________________________ Beginning Date ________________