

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@northcentralschool.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 _____