

BEAVERCREEK CITY SCHOOL DISTRICT
Transportation Department
1258 Hickory Drive
Beavercreek, OH 45434
429-7535, Fax 429-7693

REQUEST FOR TRANSPORTATION TO DAY CARE/SITTER

Effective Date: _____

Directions: Please complete and return to Transportation:

NAME OF STUDENT: _____ GRADE: _____

STUDENT'S HOME ADDRESS: _____

SCHOOL: _____

NAME OF PARENT(S): _____

HOME PHONE NUMBER: _____ WORK/CELL PHONE NUMBER: _____

➤TRANSPORTATION TO SCHOOL: ⚡(MUST BE ON EXISTING ROUTE)

I am requesting that the above named child or children be picked up at the school bus stop closest to:

SITTER'S HOME ADDRESS: 4143 Kemp Road

SITTER'S NAME: Aley Christian Academy SITTER'S PHONE NUMBER: 937-426-0830

➤RETURN TRANSPORTATION: ⚡(MUST BE ON EXISTING ROUTE)

I am requesting that return transportation be provided to the closest school bus stop to:

SITTER'S HOME ADDRESS: 4143 Kemp Road

SITTER'S NAME: Aley Christian Academy SITTER'S PHONE NUMBER: 937-426-0830

⚡NOTE: Beavercreek Schools cannot provide transportation service to day care outside of existing route area.

Date of Request

Parent or Guardian Signature

FOR OFFICE USE ONLY

Form Routing:

_____ Original received at elementary building. Copy sent to Transportation.

_____ Original received at Transportation. Copy sent to elementary building.

_____ Copy given to homeroom teacher by office staff.

_____ Copy given to school bus driver(s) by Transportation.

Revised 1/05