

# Transportation Request

## Lincolnview Local Schools

*This form is not intended for use if your child/children will be using your **home address** for bus pick up and drop off.*

I would like transportation to begin on (date) \_\_\_\_\_ for my child/children:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

There is a two (2) day processing window. This change is **long term** and will be for the remainder of the school year. If other changes (daily) need to be made I know I will, (as the parent), be responsible for making any changes in transportation.

### **Pick-Up Location:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Sign and print name of adult at this address:**

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

### **Drop Off Location:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Sign and print name of adult at this address:**

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

Please submit this form to the transportation department and allow two (2) days for processing. This form is intended for long term consistent schedules at least three months in duration.