

Date School Rec'd. _____ Date Trans. Rec'd. _____ School Year _____

ALTERNATE TRANSPORTATION/SITTER REQUEST FORM
Grades 1 - 12

Milford Exempted Village School District
5934 Buckwheat Road, Milford, Ohio 45150
Telephone (513) 575-1563 Fax (513) 575-1658

*Transportation cannot be provided if your child's sitter lives outside your school attendance area. Please allow **five (5) working days** to process your request. We are unable to honor telephone requests for alternate pick-up and drop off locations due to liability. Please notify transportation if any information on this form changes.*

Student Name _____ School _____ Grade _____

Student Address _____

Parent/Guardian Name _____ Teacher's Name _____

Telephone Number of Parent (Home) _____ Work _____ Cell _____

Name of Day Care/Sitter _____ Telephone _____ Cell _____

Sitter's Address _____

Parent/Guardian Signature _____ Date _____

All schedules must be Monday through Friday. No exceptions.

Grades One Through Twelve

Date Request Begins _____

A.M. Pick-Up Location _____

Bus _____ Time _____

P.M. Drop-only Location _____

Bus _____ Time _____

Home Bus A.M. _____

Home Bus P.M. _____

Copy to driver _____
Date and initial

Copy to transportation _____
Date and initial

Computer Assigned _____
Date and initial