

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

KINDERGARTEN ALTERNATE TRANSPORTATION/SITTER REQUEST FORM

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 drop-off locations due to liability.

Student Name _____ School _____ Grade-K - A.M/P.M _____ *please circle one*

Student Address _____

Parent/Guardian Name _____ Teachers 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.

Date Request Begins _____

A.M. KDG Student

A.M Pick-up Location _____ Bus# _____ Time _____

Noon Drop-off Location _____ Bus# _____ Time _____

AM Session Bus Number: AM _____ Time _____ Noon _____ Time _____

Date Request Begins _____

P.M. KDG Student

Noon Pick-up Location _____ Bus# _____ Time _____

P.M. Drop-off Location _____ Bus# _____ Time _____

PM Session Bus Number: Noon _____ Time _____ PM _____ Time _____

Copy to driver _____ Date and Initial _____
Copy to transportation _____ Date and Initial _____
Computer Assigned _____ Date and Initial _____