

Date School Rec'd. \_\_\_\_\_ Date Trans. Rec'd. \_\_\_\_\_ School Year \_\_\_\_\_

### PRESCHOOL 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.

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*please circle one*

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade-K - A.M/P.M

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 \_\_\_\_\_

*Your request will be processed within **five (5) working days**. Please note that this request is provided to one (1) alternate location other than your residence.*

**Date Request Begins** \_\_\_\_\_

#### A.M. Preschool Student

A.M Pick-up Location \_\_\_\_\_ Bus# \_\_\_\_\_ Time \_\_\_\_\_

Noon Drop-off Location \_\_\_\_\_ Bus# \_\_\_\_\_ Time \_\_\_\_\_

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AM Session Bus Number: AM \_\_\_\_\_ Time \_\_\_\_\_ Noon \_\_\_\_\_ Time \_\_\_\_\_

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**Date Request Begins** \_\_\_\_\_

#### P.M. Preschool Student

Noon Pick-up Location \_\_\_\_\_ Bus# \_\_\_\_\_ Time \_\_\_\_\_

P.M. Drop-off Location \_\_\_\_\_ Bus# \_\_\_\_\_ Time \_\_\_\_\_

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PM Session Bus Number: Noon \_\_\_\_\_ Time \_\_\_\_\_ PM \_\_\_\_\_ Time \_\_\_\_\_

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Copy to driver \_\_\_\_\_ Copy to transportation \_\_\_\_\_ Computer Assigned \_\_\_\_\_  
Date and Initial Date and Initial Date and Initial