



ALTERNATE TRANSPORTATION FORM #1
FOR STUDENTS WITH A SINGLE, DESIGNATED ALTERNATE
LOCATION FOR PICK UP AND DROP OFF

An Alternate Transportation form for each child **must be submitted by June 15, 2010** to request a change in transportation. New residents or residents moving within the District may submit a form after the deadline with proof of residence or proof of address change and **must submit the form 5 days prior to the requested change**. Send form to the Transportation Department, Olmsted Falls School District, 26894 Schady Road, Olmsted Township, Ohio 44138 or **FAX to 440-235-7889**. For help completing this form or for additional forms please refer to the district website www.ofcs.net under the "Bus Routes" link.

On approval by the Transportation Supervisor, a copy of this request form will be sent to the parent, school and bus driver(s) as confirmation of request approval. It is the responsibility of the parent to confirm that form has been received by June 15th.

Today's Date: _____

Student's Name: _____

School: _____

Residence Address: _____

Grade: _____

City: _____

Homeroom Teacher: _____

Phone: _____

PLEASE READ CAREFULLY: I am requesting that my child (listed above) be transported from and to a location other than my residence. I understand that the alternate location designated below will be the permanent address for pick up and drop off for the entire school year, and will be located on a regularly established bus route.

I hereby release the Olmsted Falls School District, its Board of Education, and its employees from any liability, which may result from complying with my instructions for transportation of my child from and/or to locations other than school and my residence. Furthermore, I indemnify and hold harmless said named entities and individuals from any cost and/or damages resulting from my instructions for transportation concerning my child.

I acknowledge that once my child is transported from and/or to the designated pick up and/or drop off point of safety, I assume full responsibility for the safety and welfare of my child.

Signature of Parent/Guardian: _____ Date: _____

ALTERNATE TRANSPORTATION REQUESTED FOR 2010-2011 SCHOOL YEAR

My child will be picked up **AND** dropped off by Olmsted Falls City School bus **every school day** at the following single, designated alternate location:

Street Address: _____

City: _____

Phone: _____

Signature of
Adult at this
address _____

To be completed by Transportation Department: _____ Effective Date: _____

Pick up: Bus # _____ Stop _____ Time _____

Drop off: Bus # _____ Stop _____ Time _____

Date received: _____