



ALTERNATE TRANSPORTATION FORM #3

FOR KINDERGARTEN STUDENTS ONLY

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: _____ (Indicate AM or PM for KG)

City: _____

Homeroom Teacher: _____

Phone: _____

PLEASE READ CAREFULLY: I am requesting that my child (listed above) be transported from and/or to a location other than my residence. I understand that any alternate location(s) provided 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 at the time of day that I am requesting service. (A.M. vs. P.M. kindergarten placement will be determined by the student's home residence.)

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: _____

IMPORTANT NOTE FOR KINDERGARTEN STUDENTS RIDING OLMSTED FALLS SCHOOL BUS: A.M. Kindergarten Students must be picked up by school bus from their home or single, designated alternate location in the morning; P.M. Kindergarten Students must be dropped off by school bus at their home or single, designated alternate location in the afternoon. **A.M. and P.M. Kindergarten Students may select an additional alternate location for the mid-day bus route (A.M. drop off/P.M. pick-up), if desired.** If pick up and drop off location will be the same, enter "Same" under "From School" section. *If pick up and / or drop off will be handled by outside transportation / escort service provided by local day care facilities, please confirm by checking "Via Outside Day Care Transportation/Escort" box. Otherwise, it will be assumed that transportation will be provided by Olmsted Falls school bus.*

TO SCHOOL / PICK UP

FROM SCHOOL / DROP OFF

Via Outside Day Care Transportation/Escort

Via Outside Day Care Transportation/Escort

Street Address: _____

Street Address: _____

City: _____

City: _____

Phone: _____

Phone: _____

Signature- _____
Adult at this address

Signature- _____
Adult at this address

To be completed by Transportation Department:

Effective Date: _____

Pick up: Bus # _____ Stop _____ Time _____

Drop off: Bus # _____ Stop _____ Time _____

Date received: _____