

2018-2019 ALTERNATE TRANSPORTATION FORM #2



FOR ALL STUDENTS (K-12) USING OUTSIDE TRANSPORTATION/ESCORT SERVICE PROVIDED BY LOCAL DAY CARE CENTER FACILITIES IN EITHER A.M. OR P.M., OR BOTH A.M./P.M.

An Alternate Transportation form for each child **must be submitted by June 15, 2018** 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 "Transportation/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: _____ Requested Start Date: _____
Student's Name: _____ School: _____
Residence Address: _____ Grade: _____
City: _____ Homeroom Teacher: _____
Phone: _____

PLEASE READ CAREFULLY: I am requesting that my child (listed above) be released to outside day care facility personnel for transportation or escort to and/or from school. If my child will be transported or escorted by outside day care facility personnel BOTH in the morning and the afternoon, I will indicate by entering same information in both "To School" and "From School" sections below. If my child is released to outside day care facility personnel in either the morning OR afternoon ONLY, I am indicating below if my child will be riding an Olmsted Falls City School bus either from or to our residence (or other single, designated alternate location) either in morning or afternoon. I understand that if I designate an alternate location below that this will be the permanent address for pick up or drop off by Olmsted Falls school bus 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: _____

IMPORTANT NOTE: Children being transported either to OR from school via Olmsted Falls school bus must be picked up from or dropped off at their residence or a single, alternate designated address. If address other than home is entered for pick-up or drop off by Olmsted Falls school bus, this address will be considered the child's single, designated alternate address and will remain in effect every school day for the entire 2018-2019 school year, along with the requested release to outside transportation/escort.

TO SCHOOL / PICK UP

Please confirm by checking one:
 Via Outside Transportation/Escort Via Olmsted Falls School Bus

Street Address: _____

City: _____

Phone: _____

Signature- _____
Adult at this address

FROM SCHOOL / DROP OFF

Please confirm by checking one:
 Via Outside Transportation/Escort Via Olmsted Falls School Bus

Street Address: _____

City: _____

Phone: _____

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: _____