

# ARCADIA LOCAL SCHOOL STUDENT TRANSPORTATION REGISTRATION

In an effort to make the bus route more efficient, we are now requiring parents/guardians to request transportation for their student(s). **YOU MUST COMPLETE AND RETURN THIS FORM FOR THE 2019-20 SCHOOL YEAR IN ORDER FOR YOUR STUDENT TO BE PLACED ON A BUS ROUTE.** Please complete the form even if your child **does not** need to ride the school bus. **(Please complete one form for each student.)**

**Current Student:** \_\_\_\_\_ **New Student:** \_\_\_\_\_ **In District:** \_\_\_\_\_ **Open Enrolled:** \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Address \_\_\_\_\_

\*\*Pick Up/Drop Off Alternate location different from home address: \_\_\_\_\_

Custodial Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\***BUS TRANSPORTATION NEEDED:** AM \_\_\_\_\_ PM \_\_\_\_\_ BOTH \_\_\_\_\_

\*\*\***PARENT WILL DROP OFF / PICK-UP:** AM \_\_\_\_\_ PM \_\_\_\_\_ BOTH \_\_\_\_\_

\*\*\***STUDENTS WILL WALK / DRIVE:** AM \_\_\_\_\_ PM \_\_\_\_\_ BOTH \_\_\_\_\_

Open Enrolled Student's Current Bus Pickup Location: \_\_\_\_\_ Preferred Location: \_\_\_\_\_

\*\*If your child is being picked up/dropped off at an alternate location, you must complete the **Child Care Service Request Form** to accommodate a child care provider location pick up or drop off. The form can be picked up in the office or found on the District's website at [www.arcadiaschools.org](http://www.arcadiaschools.org).

I understand the Policies and Procedures of the Arcadia Board of Education regarding student transportation.

Parent/Guardian Signature: \_\_\_\_\_

Email any questions or concerns to Bret Voges, Transportation Supervisor ([vogesb@arcadiaschools.org](mailto:vogesb@arcadiaschools.org)) or call 419.894.6431, enter 103 at the message prompt.

Please return this form by **June 28, 2019** to the school in person or mail to:

**Arcadia Local School  
Transportation Department  
19033 SR 12  
Arcadia, OH 44804**

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**\*\*THIS SECTION TO BE COMPLETED BY THE TRANSPORTATION DEPARTMENT\*\***

Bus Service for the above student has been established as follows and can begin on the date indicated:

	BUS #	PICK UP TIME	DROP OFF TIME	LOCATION
AM				
PM				
ALT				

YES     NO    **Child Care Service Request Form Submitted**

\*\*Authorized Start Date: \_\_\_\_\_