

Greenville City School Transportation Department

511 Markwith Ave. Greenville, OH 45331

Office 937-548-3185 www.greenville.k12.oh.us

Completed forms may be emailed: pmartin@gcswave.com or ddillman@gcswave.com.

Transportation Plan Form _____ School Year

A NEW FORM MUST BE COMPLETED EACH YEAR

You must fill out one form for each child who needs bus service and will ride a Greenville City School bus. Please check all information to make sure this is the schedule you want for your child. New forms may take up to three (3) days to process. The boxes in the middle are for an alternate transportation plan if your child needs bus service anywhere other than their home bus stop. **An alternate bus stop shall only be approved for child care and shared parenting.** If a change is made during the school year, a new form shall be submitted and approved before the child is allowed to ride a different bus or get on/off at another bus stop.

Child's Name: _____
Last Name First Name

School: _____ Grade: _____ Home Phone Number: _____

Home Address: _____

Mother's Name: _____ Cell: _____ Work: _____

Father's Name: _____ Cell: _____ Work: _____

My child will use the regular bus stop closest to their home address : AM only _____ PM only _____ BOTH _____

Parent/Guardian Signature: _____ Date: _____

CHILDCARE PROVIDER: YES _____ CHILD CARE PROVIDERS NAME: _____

CHILD CARE PROVIDERS ADDRESS: _____ PHONE: _____

_____ EVERYDAY TO AND FROM SCHOOL _____ EVERYDAY TO SCHOOL _____ EVERYDAY FROM SCHOOL

Parent/Guardian Signature: _____ Date: _____

SHARED PARENTING: YES _____ CO-PARENT NAME: _____

CO-PARENT ADDRESS: _____ PHONE: _____

_____ EVERYDAY TO AND FROM SCHOOL _____ EVERYDAY TO SCHOOL _____ EVERYDAY FROM SCHOOL

_____ OTHER: CHECK DAYS OF WEEK TRANSPORTATION IS NEEDED (NOTE: MUST BE SAME DAYS EVERYWEEK)

AM _____ MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY

PM _____ MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

Pick Up Bus Stop Location: _____ **Bus #:** _____

Drop Off Bus Stop Location: _____ **Bus #:** _____

Transportation Supervisor

Effective Date

St. Mary's Transportation Form

511 Markwith Avenue, Greenville, OH 45331

Office: 937-548-3185 ext. 7, www.greenville.k12.oh.us

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Child's Name: _____
Last Name First Name Birth Date

School: _____ Grade: _____ Home Phone Number: _____

Home Address: _____

Mother's Name: _____ Cell: _____ Work: _____

Father's Name: _____ Cell: _____ Work: _____

My child will use the regular bus stop closest to their home address: AM only ____ PM only ____ BOTH ____

Parent/Guardian Signature: _____ Date: _____

Childcare Provider: Yes ____ CHILDCARE PROVIDERS NAME: _____

Child Care Providers Address: _____ Phone: _____

____ EVERY DAY TO AND FROM SCHOOL ____ EVERY DAY TO SCHOOL ____ EVERY DAY FROM SCHOOL

Parent/Guardian Signature: _____ Date: _____

Shared Parenting: Yes ____ Co-Parent Name: _____

Co-Parent Address: _____ Phone: _____

____ EVERY DAY TO AND FROM SCHOOL ____ EVERY DAY TO SCHOOL ____ EVERY DAY FROM SCHOOL

____ OTHER: CHECK DAYS OF WEEK TRANSPORTATION IS NEEDED (Note: MUST BE SAME DAYS EVERY WEEK)

AM ____ MONDAY ____ TUESDAY ____ WEDNESDAY ____ THURSDAY ____ FRIDAY

PM ____ MONDAY ____ TUESDAY ____ WEDNESDAY ____ THURSDAY ____ FRIDAY

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

Pick Up Bus Stop Location: _____ Bus #: _____

Drop Off Bus Stop Location: _____ Bus #: _____

 Transportation Supervisor Effective Date: _____

Montessori Transportation Form

511 Markwith Ave. Greenville, OH 45331

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Child's Name: _____
Last Name First Name Birth Date

School: _____ Grade: _____ Home Phone Number: _____

Home Address: _____

Mother's Name: _____ Cell: _____ Work: _____

Father's Name: _____ Cell: _____ Work: _____

Childcare Provider: Yes **CHILDCARE PROVIDERS NAME:** _____

Child Care Providers Address: _____ **Phone:** _____

EVERY DAY TO AND FROM SCHOOL EVERY DAY TO SCHOOL EVERY DAY FROM SCHOOL

Parent/Guardian Signature: _____ **Date:** _____

Shared Parenting: Yes **Co-Parent Name:** _____

Co-Parent Address: _____ **Phone:** _____

EVERY DAY TO AND FROM SCHOOL EVERY DAY TO SCHOOL EVERY DAY FROM SCHOOL

OTHER: CHECK DAYS OF WEEK TRANSPORTATION IS NEEDED (Note: MUST BE SAME DAYS EVERY WEEK)

AM MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

PM MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Parent/Guardian Signature: _____ **Date:** _____

Office Use Only:

Pick Up Bus Stop Location: _____ **Bus #:** _____

Drop Off Bus Stop Location: _____ **Bus #:** _____

Transportation Supervisor _____
Effective Date: