

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 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

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

Transportation Plan Form

School Year

A NEW FORM MUST BE COMPLETED EACH YEAR

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
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Parent/Guardian Signature: _____ Date: _____

Office Use Only:

Pick Up Bus Stop Location: _____ Bus #: _____

Drop Off Bus Stop Location: _____ Bus #: _____

Transportation Supervisor

Effective Date:

