Greenville City School Transportation Department

511 Markwith Ave. Greenville, OH 45331 Office 937-548-3185 <u>www.greenville.k12.oh.us</u>

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	
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 <u>bus stop closest to their hom</u>	ne address : AM onlyPM onlyBOTH
Parent/Guardian Signature:	Date:
CHILDCARE PROVIDER: YES CHILD CARE PROVIDERS NAME:	
<u> </u>	
CHILD CARE PROVIDERS ADDRESS:	PHONE:
EVERYDAY TO AND FROM SCHOOL	EVERYDAY TO SCHOOLEVERYDAY FROM SCHOOL
Parent/Guardian Signature:	Date:
SHARED PARENTING: YES CO-PARENT NAME:	
CO-PARENT ADDRESS:	
	EVERYDAY TO SCHOOL EVERYDAY FROM SCHOOL
OTHER: CHECK DAYS OF WEEK TRANSPORTATION IS NEEDED	D (NOTE: <u>MUST BE SAME DAYS EVERYWEEK)</u>
AMMONDAYTUESDAYWEDNESDAYT	HURSDAYFRIDAY
PMMONDAYTUESDAYWEDNESDAYT	HURSDAYFRIDAY
Parent/Guardian Signature:	Date:
Office Use Only:	
Pick Up Bus Stop Location:	Bus #:
Drop Off Bus Stop Location:	Bus #:
510p 011 243 510p 2554115	
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

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

Child's Name:	First Name		
Last Name School:	First Name Grade: Hon	Birth Ine Phone Number:	
Home Address:			
Mother's Name:	Cell:	Work:	
Father's Name:	Cell:	Work:	
My child will use the regular <u>bus stop clos</u>	sest to their home address:	AM only PM only BC	OTH
Parent/Guardian Signature:			Date:
Childcare Provider: Yes CHILDC	ARE PROVIDERS NAME:		
Child Care Providers Address:	·	Phone:	
EVERY DAY TO <u>AND</u> FROM SCHO	OOL EVERY DAY TO	SCHOOL EVERY DAY	FROM SCHOOL
Parent/Guardian Signature:			Date:
Shared Parenting: Yes Co-Parer	nt Name:		
Co-Parent Address:		Phone:	
EVERY DAY TO <u>AND</u> FROM SCI	HOOL EVERY DAY TO	SCHOOL EVERY DAY FR	OM SCHOOL
OTHER: CHECK DAYS OF WEEK T	RANSPORTATION IS NEEDED	(Note: <u>MUST BE SAME DAYS E</u>	VERY WEEK)
AMMONDAYTUESDAY PMMONDAYTUESDAY	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 Office: 937-548-3185 ext. #7 <u>www.greenville.k12.oh.us</u>

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

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 you 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 or off at another bus stop.

Child's Name: Last Name	First N	ame Birth Dat	e	
		Grade: Home Phone Number:		
Home Address:				
Mother's Name:	Cell:	Work:		
Father's Name:	Cell:	Work:		
<u>Childcare Provider:</u> Yes CH	IILDCARE PROVIDERS NAME:			
Child Care Providers Address:		Phone:		
EVERY DAY TO <u>AND</u> FROM	SCHOOL EVERY DAY TO	O SCHOOL EVERY DAY FROM	I SCHOOL	
Parent/Guardian Signature:		Date:		
		Phone:		
EVERY DAY TO <u>AND</u> FROI	M SCHOOL EVERY DAY TO	SCHOOL EVERY DAY FROM SO	CHOOL	
OTHER: CHECK DAYS OF WE	EK TRANSPORTATION IS NEEDE	D (Note: <u>MUST BE SAME DAYS EVERY</u>	WEEK)	
	AY WEDNESDAY AY WEDNESDAY	THURSDAY FRIDAY FRIDAY		
Parent/Guardian Signature:		Date: _		
Office Use Only:				
Pick Up Bus Stop Location:		Bus #:		
Drop Off Bus Stop Location:		Bus #:		
Transportation Supervisor		Fffective Date:		