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: schoolbus@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 School:Grade:	First Name Home Phone Number:				
Home Address:	Parent/Guardian Email Address:				
Mother's Name:	Cell:Work:				
Father's Name:					
My child will use the regular bus stop closest to their he	ome address : AM onlyPM onlyBOTH				
Parent/Guardian Signature:	Date:				
CHILDCARE PROVIDER: YESCHILD CARE PROVIDERS NAM	ле: Ле:				
	PHONE:				
EVERYDAY TO AND FROM SCHOOL	EVERYDAY TO SCHOOL EVERYDAY FROM SCHOOL				
Parent/Guardian Signature:Date:					
SHARED PARENTING: YES CO-PARENT NAME:					
	PHONE:				
EVERYDAY TO <u>AND</u> FROM SCHOOLEVERYDAY TO SCHOOLEVERYDAY FROM SCHOOL					
OTHER: CHECK DAYS OF WEEK TRANSPORTATION IS NEEDED (NOTE: <u>MUST BE SAME DAYS EVERYWEEK)</u>					
AMMONDAYTUESDAYWEDNESDAY	THURSDAYFRIDAY				
PMMONDAYTUESDAYWEDNESDAY	THURSDAYFRIDAY				
Parent/Guardian Signature:	Date:				
Office Use Only:					
Office ose offiy.					
Pick Up Bus Stop Location:	Bus #:				
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St. Mary's Transportation Form

511 Markwith Avenue, Greenville, OH 45331
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Transportation Plan Form_____School Year

A NEW FORM MUST BE COMPLETED EACH YEAR

Child's Name:Last Name	First Name	Dial Date
		me Phone Number:
Home Address:	Parent/Guardia	an Email Address:
Mother's Name:	Cell:	Work:
Father's Name:	Cell:	Work:
		: AM only PM only BOTH
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 T	O SCHOOL EVERY DAY FROM SCHOOL
Parent/Guardian Signature:		Date:
Shared Parenting: Yes Co-Paren Co-Parent Address:		Phone:
	RANSPORTATION IS NEEDE WEDNESDAY	
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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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 Nan	ne	Birth Date
School:	Grade: Hon	ne Phone Number:	
Home Address:			
Mother's Name:	Cell:	Work:	
Father's Name:	Cell:	Work:	
<u>Childcare Provider:</u> Yes CHI	LDCARE PROVIDERS NAME:		
Child Care Providers Address:		Phone:	:
EVERY DAY TO <u>AND</u> FROM S	CHOOL EVERY DAY TO	SCHOOL EVER	Y DAY FROM SCHOOL
Parent/Guardian Signature:			Date:
Shared Parenting: Yes Co-Parent Address: EVERY DAY TO <u>AND</u> FROM OTHER: CHECK DAYS OF WEE AM MONDAY TUESDAY PM MONDAY TUESDAY Parent/Guardian Signature:	SCHOOLEVERY DAY TO EK TRANSPORTATION IS NEEDED Y WEDNESDAY Y WEDNESDAY	Phone:Phone: SCHOOLEVERY [(Note: <u>MUST BE SAME I</u> THURSDAYFRTHURSDAYFR	DAY FROM SCHOOL DAYS EVERY WEEK) IDAY IDAY
Office Use Only: Pick Up Bus Stop Location:		Bus	#:
Drop Off Bus Stop Location:		Bus	#:
Transportation Supervisor		 Effective D	 Pate: