

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 First Name

School: _____ Grade: _____ Home Phone Number: _____

Home Address: _____ Parent/Guardian Email 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

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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Transportation Plan Form _____ School Year _____

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

School: _____ Grade: _____ Home Phone Number: _____

Home Address: _____ Parent/Guardian Email 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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Transportation Plan Form _____ School Year

A NEW FORM MUST BE COMPLETED EACH YEAR

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

School: _____ Grade: _____ Home Phone Number: _____

Home Address: _____ Parent/Guardian Email 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: _____