



# Berkshire Local Schools

## Transportation Department

14259 Claridon Troy Rd. PO Box 364 Burton, Ohio 44021

Phone: (440)834-3380 ext. 2112 Fax: (440)834-2058

transportation@berkshireschools.org

### Transportation Request Form

Complete one form per child.

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade for school year 2019-20: \_\_\_\_\_

School:  Burton Elementary  Ledgesmont Elementary  Berkshire Jr./Sr. High School  Other: \_\_\_\_\_  
(please specify)

Parent/Guardian Name/s: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_

#### Please Check When Transportation is needed:

Pick Up Only (to School)  Drop Off Only (from School)  Both (to/from school)

***NOTE:*** AM and PM address locations can be different from one another; *however*, only one location will be allowed for pick up and one for drop off.

***\*\*For the safety of the student, we are unable to accommodate multiple locations.\*\****

AM Pick up Address: \_\_\_\_\_ home:  sitter:

Name and Phone number of sitter: \_\_\_\_\_

PM Drop off Address: \_\_\_\_\_ home:  sitter:

Name and Phone number of sitter: \_\_\_\_\_

#### ***Please read the following transportation regulations:***

I am requesting that the above listed child be transported to/from the addresses listed above. I understand that these locations will be the permanent address for pick up and drop off for the 2019-2020 school year. I acknowledge that once my child is transported from/to the designated pick up and/or drop off point, I assume full responsibility for the safety and welfare of my child at their assigned bus stop and understand that the bus stop may not be in the direct line of sight from my home and if this is the case they may require a parental/or designee escort to/from their stop. (An escort is mandatory for students in kindergarten through 3<sup>rd</sup> grade unless written permission is given to the transportation department in order to let the student(s) off unescorted.) If my child does not utilize transportation for three (3) weeks concurrently, they will be removed from the route and a new request must be submitted in order for transportation to resume.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note:** Requests may take up to two (2) school days to process.

**Please mail To:** Berkshire Transportation Dept.  
PO Box 364  
Burton, Ohio 44021  
Email: transportation@berkshireschools.org

**Deadline: Friday, May 24, 2019**

Fax: 440.834.2058

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### TO BE COMPLETED BY OFFICE

Bus#: am \_\_\_\_\_ pm \_\_\_\_\_ Effective: \_\_\_\_\_ Bus Stop Times: \_\_\_\_\_ am \_\_\_\_\_ pm

Approved  Not Approved  By: \_\_\_\_\_ Transportation Manager