

SPRINGBORO COMMUNITY SCHOOLS

REQUEST FOR SPECIAL TRANSPORTATION for SPECIAL NEEDS / PRESCHOOL STUDENTS

(Please fill out a separate request for each student)

Student Name: _____ Birth Date: _____ Age: _____

Address: _____ Phone: _____

Mother's Name: _____ Email: _____ Mobile: _____

Father's Name: _____ Email: _____ Mobile: _____

School: _____ Grade: _____ Teacher: _____

Attending: (Circle One) Kindergarten or Preschool **Please check here if student is typical peer:**

AM & PM assignments will be determined based solely on student's residency within the school district.

Parent(s) will be notified of student's assignment – Requests for assignment can not be honored.

Alternate Pick-up / Drop-off Location

If student needs to be picked up and/or dropped off anywhere other than their home address, please fill out the following. If left blank, your student will be routed to and from their home address.

This alternate address may also directly affect your student's AM/PM assignment.

Alternate Address: _____ Zip Code: _____

(One alternate address is permitted per student – Please specify pickup and/or drop off)

Alternate Contact: _____ Phone: _____

Parent Signature: _____ Date: _____

****This form needs to be completed and returned to Transportation whenever student's busing begins, stops or changes. Please allow 72 hours for busing to be arranged. Springboro Transportation Department will notify parent(s)/guardian(s) of busing arrangements. If you have additional questions, please contact our office at (937) 748-4462 or fax (937) 748-6019.**

Special Accommodations

Please List Any Special Equipment, Medical Needs, or Bus Aide That Student May Require
(including wheelchair, car seat and/or restraint device)

Springboro Transportation Department transports all students (ages 3 through 18) according to guidelines set forth by the Ohio Department of Education and the Ohio Revised Code 4511.81

Date for Bus Transportation to Begin: _____ Ending Date: _____