

MIAMI EAST LOCAL SCHOOLS

2023-2024 TRANSPORTATION REQUEST FORM (Babysitting Only K-8)

This is a onetime form to be used to request that your child be picked up/ dropped off at a bus stop other than the student's home address. All request is a Monday thru Friday routine.

This request must be completed for each new school year. If a change is made during the school year, a new transportation form must be submitted and approved before the child is allowed to ride any other bus. The new request will void any previous transportation request. **Request are contingent upon availability of space on the affected bus. Requests take up to five (5) days to complete.**

Please note: When completing this form, the address for pick up and the address for drop off may be different, but cannot be changed from day to day. One form per child must be submitted.

Student's Name				Grade	
Student's H	lome address				
Home phone number			Cell or Work number		
Parent's Name	nt's eEmail				
•••••			er Informatio	n	
Provider's N	Name				
Provider's Address					
Provider's Phone Number					
Pick up- I am requesting that the above named child be picked up Monday thru Friday at the above address or nearest bus stop (if a group stop).					
	A.	_ Home Address	В	Provider's Address	
Drop off – I am requesting that the above named child be dropped off Monday thru Friday at the address or nearest bus stop (if a group stop).					
	A	Home address	В	Provider's Address	
Date request	ted for transp	ortation to begin			
Parent / Guardian Signature Date				Date	
Action by Transportation Department					
Approved	_ Bus numb	er Bus Stop		Signed:	
Denied	Reason			Date	