

**INDIAN HILL EXEMPTED VILLAGE SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT**

6200 Drake Road
Cincinnati, Ohio 45243
Office: 272-4531 - Fax: 272-4535

2011-2012 School Year

SHORT TERM ALTERNATIVE TRANSPORTATION REQUEST FORM

In order for parents to designate any alternative transportation, a signed waiver must be on file with the Indian Hill School District. Request for short term alternative transportation must be submitted to the office of the student's school at least two (2) days in advance of the day for which the bus pass is being requested.

STUDENT NAME _____ HOME PHONE _____
(please print)

STUDENT ADDRESS _____ PARENT DAYTIME PHONE _____

SCHOOL ATTENDING _____ HOMEROOM _____

STUDENT'S GRADE (circle one) K 1 2 3 4 5 6 7 8 9 10 11 12

PRESENT BUS NUMBER _____ AND STOP _____

ALTERNATIVE STOP REQUESTED _____ BUS NUMBER _____

PICK-UP DROP-OFF BOTH (circle one)

REQUESTED STARTING DATE _____ ENDING DATE _____

PARENT'S SIGNATURE _____ DATE _____

NOTE: ALTERNATIVE TRANSPORTATION REQUESTS WILL ONLY BE APPROVED FOR DESIGNATED AND ADOPTED BUS STOPS WITHIN THE INDIAN HILL SCHOOL DISTRICT.

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(this portion for office use only)

APPROVED WAIVER ON FILE DENIED

DRIVER ADVISED PLEASE ISSUE BUS PASS BUS PASS ISSUED PLEASE ADVISE DRIVER

SIGNATURE _____ DATE _____

COMMENTS _____