



Cuyahoga Heights Elementary

2018-2019

School Year

REQUEST FOR PERMANENT CHANGE IN TRANSPORTATION

STUDENT INFORMATION: ONLY ONE STUDENT PER FORM

Student Name: _____ Gr: PK-a.m. PK-p.m. K 1 2 3 4 5

This student's PRIMARY method of transportation "TO SCHOOL" will be: CHOOSE ONLY ONE

WALKER CAR RIDER BUS RIDER

WALKERS: Must enter at the SIDE DOOR of the Elementary School 8:30-8:45 AM

CAR RIDERS: Must be dropped off at the SIDE DOOR of the Elementary School 8:30-8:45 A.M.

BUS RIDERS: Enter A.M. Pick-Up Address below

Address: _____

Contact at Address: _____

PARENT / GUARDIAN RELATIVE CHILDCARE Phone: _____

This student's PRIMARY method of transportation "FROM SCHOOL" will be: CHOOSE ONLY ONE

WALKER CAR RIDER BUS RIDER

WALKERS: Must exit at the SIDE DOOR of the Elementary School at 3:10 P.M.

CAR RIDERS: Must be picked up inside the BACK DOORS of the Elementary School at 3:10 P.M.

Drivers must show valid ID and be included on the student's "AUTHORIZED to PICK-UP" list on student registration.
(Please contact the office if you need to add someone to this list)

Pre-K (A.M.) CAR RIDERS: Must be picked up in the bus lane in front of the Elementary School at 11:00 A.M.

BUS RIDERS: Enter P.M. Drop-Off Address below

Address: _____

Contact at Address: _____

PARENT / GUARDIAN RELATIVE CHILDCARE Phone: _____

VVCC: Student will be transported to Valley View Community Center on M T W Th F

PERMANENT CHANGE: YES NO (Use school dismissal manager to change):

Reason for Request:

(Form must be received 3 days prior to change) START DATE for Change:

Parent Signature: _____ Date: _____

(I understand that this request is pending approval.)

APPROVED DENIED Initials: _____ Date: _____