

Please complete this form to request yellow bus transportation. If you move during the School Year, a new Transportation Request Form must be completed. Please allow five (5) Business Days for processing.

**Date of Request:** \_\_\_\_\_

**Purpose of Request:**  Returning Student/Same Address  New Student/Address Change [POR Required]  
 Network Transfer From School: \_\_\_\_\_ to School: \_\_\_\_\_  
 Other (state purpose): \_\_\_\_\_

**School/Campus:**

- |  |  |
|--|--|
| <input type="checkbox"/> Broadway Academy [K-7]                        | <input type="checkbox"/> Broadway Academy – Mt. Pleasant [K-8] |
| <input type="checkbox"/> Cleveland Arts & Social Science Academy [K-8] | <input type="checkbox"/> Cleveland College Prep [K-8]          |
| <input type="checkbox"/> Cleveland College Prep [K-8]                  | <input type="checkbox"/> Cleveland Prep Academy [K-8]          |
| <input type="checkbox"/> East Academy [K-8]                            | <input type="checkbox"/> Euclid Preparatory [K-8]              |
| <input type="checkbox"/> HOPE Northcoast Academy [K-8]                 | <input type="checkbox"/> HOPE Northwest Academy [K-8]          |
| <input type="checkbox"/> Lake Erie Preparatory [K-8]                   | <input type="checkbox"/> Lincoln Park Academy [K-5]            |
| <input type="checkbox"/> Lincoln Park Academy [6-8]                    | <input type="checkbox"/> NE Ohio College Prep [K-8]            |
| <input type="checkbox"/> NE Ohio College Prep [9-12]                   | <input type="checkbox"/> Ohio College Preparatory [K-8]        |
| <input type="checkbox"/> Parma Academy [K-3]                           | <input type="checkbox"/> STEAM of Warrensville Heights [K-8]   |
| <input type="checkbox"/> University of Cleveland Prep [K-8]            | <input type="checkbox"/> West Park Academy [K-8]               |
| <input type="checkbox"/> Other (please specify): _____                 |  |

**Service Type:**  Both To and From School  
 AM Only to School – will pick up in PM  
 PM Only from School – will drop off in AM

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

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

City/State/Zip: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

<u>Student Name</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>20-21 SY Grade</u>
1. _____	_____	M F	_____
2. _____	_____	M F	_____
3. _____	_____	M F	_____
4. _____	_____	M F	_____
5. _____	_____	M F	_____

**COMPLETING THIS FORM DOES NOT GUARANTEE TRANSPORTATION**

<b>THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT</b>		
Date Reviewed: _____	Date Completed: _____	PowerSchool Updated: _____
Request Status: <input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Waitlist		SSID: _____
Bus Information: Route: _____	Stop: _____	Start Date: _____
Denial Reason: <input type="checkbox"/> Live within 1 mile or greater than 5 miles of school <input type="checkbox"/> Bus stop unavailable		
<input type="checkbox"/> Other: _____		