

NORTHWEST LOCAL SCHOOL DISTRICT

ALTERNATE STOP REQUEST FORM

2021-2022 SCHOOL YEAR

TRANSPORTATION OFFICE

3113 Springdale Road, Cincinnati, OH 45251

Phone: (513) 825-4600 Fax: (513) 674-3285

NOTE: Requests are for 5 days a week only.
This request is good ONLY for the 2021/2022 school year.
If any changes are made a new form **MUST** be filled out.

NAME OF STUDENT (S) REQUIRING SPECIAL TRANSPORTATION

IF KINDERGARTEN STUDENT – PLEASE CIRCLE SESSION:

AM

PM

ALL DAY

Name #1 _____ Grade _____ School _____

Name #2 _____ Grade _____ School _____

Name #3 _____ Grade _____ School _____

STUDENT ADDRESS _____ ZIP _____

PARENT NAME (Please Print) _____ **DATE** _____

PARENT SIGNATURE (Required) _____

HOME PHONE # _____ WORK # _____ CELL # _____

ADDRESS TO BE PICKED UP FROM IN AM _____ **ZIP** _____

(Child care provider's name) _____ phone # _____

ADDRESS TO BE TRANSPORTED TO IN PM _____ **ZIP** _____

(Child care provider's name) _____ phone # _____

REASON(S) FOR REQUESTING SPECIAL TRANSPORTATION:

OFFICE USE ONLY: **DATE APPROVED:** _____ **INITIALS:** _____ **EFFEC. DATE:** _____

BUS # AM _____	BUS # (color) NOON _____	BUS # PM _____
P/U TIME _____	P/U TIME _____	

BUS STOP LOCATION: _____