***NORTHWEST LOCAL SCHOOL DISTRICT***

ALTERNATE STOP REQUEST

**2024-2025 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 2024/2025 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:**

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**OFFICE USE ONLY: DATE APPROVED: \_\_\_\_\_\_\_\_\_ INITIALS: \_\_\_\_\_\_\_\_\_ EFFEC. DATE: \_\_\_\_\_\_\_\_\_**

| **BUS # AM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****P/U TIME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **BUS # (color) NOON \_\_\_\_\_\_\_\_\_\_\_\_\_\_****P/U TIME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **BUS # PM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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**BUS STOP LOCATION:**