

**NORTHWEST LOCAL SCHOOL DISTRICT**

**ALTERNATE STOP REQUEST**

**2022-2023 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 2022/2023 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:** \_\_\_\_\_

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

**BUS STOP LOCATION:** \_\_\_\_\_