

**Northwest Local School District  
Transportation Department**

3113 Springdale Rd.  
Cincinnati, OH 45251  
(513) 825-4600

To: Parent/Guardian

Date: April 23, 2018

Re: **SPECIAL TRANSPORTATION FORMS FOR 2018/2019 SCHOOL YEAR**

You **MUST** fill out a new Special Transportation Request Form for each new school year even if you filled one out last year. All stops revert back to the home address so we must have a new form so we can ensure your child goes to where you want them to go.

Please understand that your daycare provider **MUST** be in the attendance area of the school your child attends. We do not transport outside of the attendance area for a particular building.

If you want to rescind your Special Transportation Request and have your child return home, you **MUST** fill out a new Special Transportation Request Form giving your home address in the appropriate space, either for AM pick up, PM drop off or both, as needed.

When filling out the form, please write legibly and include the daycare/sitters name, address, and contact phone number.

All 2018/2019 forms should be mailed to 3113 Springdale Rd., Cincinnati, OH 45251 or faxed to (513) 674-3285.

***Special Transportation Request Forms are due by July 1, 2018 for them to take effect by the first day of school. Any forms received after July 1, 2018 may not be processed to start by the first day of school.***

**NORTHWEST LOCAL SCHOOL DISTRICT**

**SPECIAL TRANSPORTATION REQUEST FORM**

**2018-2019 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 2018/2019 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: \_\_\_\_\_