

# Niles City Schools Transportation Department

Dear Parents/Guardians,

Niles City Schools offers Alternate Transportation Requests for students to get on/off at another location than their home address. This service is not required by law, but put in place by the district to assist parents/guardians with the needs of the students. We do, however, have guidelines that must be followed to ensure the safest and most efficient transportation schedule for ALL students of the district.

A new request **must be filled out every year**, it does **not** transfer to the next school year. Please remember the form is a **request**. Niles City Schools does not automatically grant requests, they must be considered on a case-by-case basis. The district will make every effort to provide alternate transportation, but reserves the right to discontinue the service at any time, in which case you will be notified.

The request must **not** require a bus route to be changed, altered or added. The request will be to an EXISTING stop only, no new stop will be created. The student must be picked up from the same location (*an existing stop*) every day of the week (**Monday-Friday**). The student must be dropped off at the same location (*an existing stop*) every day of the week (**Monday-Friday**). **No every other week stops will be approved.**

Each student will be allowed **THREE** alternate requests per school year and there will be no one-time or intermittent requests granted.

The request will not take effect until approved by the Transportation Supervisor. Allow 48 hours from the time the request form is received by the transportation department.

Niles City Schools  
**Alternate Transportation Request**  
**\*\* 2018-2019 School Year \*\***

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
*I am the custodial parent/guardian*

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

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
*First and last name*

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
*First and last name*

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
*First and last name*

**Directions: Check the appropriate box and complete the alternate information.**

**Pick Up & Drop Off at:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
*Alternate Address: MONDAY thru FRIDAY* *Alternate Phone*  
*Name of Person Responsible:* \_\_\_\_\_ *Relationship:* \_\_\_\_\_

**Pick Up ONLY at:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
*Alternate Address: MONDAY thru FRIDAY* *Alternate Phone*  
*Name of Person Responsible:* \_\_\_\_\_ *Relationship:* \_\_\_\_\_

**Drop Off ONLY at:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
*Alternate Address: MONDAY thru FRIDAY* *Alternate Phone*  
*Name of Person Responsible:* \_\_\_\_\_ *Relationship:* \_\_\_\_\_

Return form to: Niles City Schools Transportation Office  
102 Water St.  
Niles, Ohio 44446

e-mail: dawn.carkido@nilesmckinley.org

<i>For Office Use:</i>	<i>Date received:</i> _____	<i>Office initials:</i> _____	<i>Start date:</i> _____	<i>End date:</i> _____
<i>Request #</i> _____				