

**NORTH OLMSTED CITY SCHOOL DISTRICT-TRANSPORTATION SERVICES**  
27463 Butternut Ridge Road  
North Olmsted, Ohio 44070  
Phone (440) 588-5328

**Please E Mail Variances to: Loreen.Lucas@nocseagles.org**

**BASIC TRANSPORTATION VARIANCE FORM FOR THE 2019-2020 SCHOOL YEAR**

After the start of the school year, a request for transportation variance for **each child** must be submitted a minimum of 72 working hours prior to the requested change. The variance is valid for only one school year

Student Name _____	Home Phone _____
Address: _____ Apt. _____	Parent Name(s) _____
City, State, Zip _____	Mother Alt. Phone _____
	Father Alt. Phone _____
	Other Contact Name _____
School _____	Other Contact Phone _____
Grade _____ Birth Date _____	Email _____

I am requesting that the above listed child be transported from and/or to locations other than said child's residence. I understand, that the alternate location will be the permanent address for pick up and drop off and be located on an already established bus route. **We do not create stops for variances.** I further understand that only one pick up location and one drop off location is permitted. (However, child maybe picked up at one location and dropped off to a different location. An example of this is a student who travels to school from home, but at the end of each day is dropped off at a daycare). Variances will only be permitted to change **Twice** in a school year.

Parent/Guardian Signature \_\_\_\_\_ date \_\_\_\_\_

**TRANSPORTATION REQUESTED**

I would like transportation to begin on \_\_\_\_\_

**PICK UP (TO SCHOOL)**

**DROP OFF (FROM SCHOOL)**

**Name of Daycare or Person** \_\_\_\_\_

**Name of Daycare or Person** \_\_\_\_\_

**Address** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Signature of Provider** \_\_\_\_\_

(Of adult at this address taking responsibility for the child)

(Of adult at this address taking responsibility for the child)

To be completed by the Transportation Department

Approved  Not Approved By \_\_\_\_\_ Date \_\_\_\_\_ Effective Date \_\_\_\_\_

Pick up Bus# \_\_\_\_\_ Stop Location \_\_\_\_\_ Pick up time\* \_\_\_\_\_

Drop off Bus# \_\_\_\_\_ Stop Location \_\_\_\_\_ Drop off time\* \_\_\_\_\_

**Pick up and drop off times are approximate and subject to change. Students must be at their designated place of safety for that stop location, five minutes prior to scheduled bus arrival time.**