



# SPACE AVAILABLE BUS TRANSPORTATION REQUEST FOR THE 2022-2023 SCHOOL YEAR

Parent/Guardian Name(s) \_\_\_\_\_ email \_\_\_\_\_

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

Sitter's Address \_\_\_\_\_ Phone \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

**SCHOOL ATTENDING** \_\_\_\_\_

Closest Bus Stop Location (if known) \_\_\_\_\_

Requesting Transportation (check one) \_\_\_\_\_ am & pm \_\_\_\_\_ am only \_\_\_\_\_ pm only

I request that the Parma Board of Education consider transporting my child(ren), named above, who live within the designated walking area for our school district.

I understand that ridership will be on a space available basis and that priority will be given to the youngest students who live the greatest distance from school. I also understand that my child may be bumped by an eligible rider at any time.

I understand that this service will begin approximately October 21, 2022.

I further understand that students will be required to walk to an **existing stop** in a transportation eligible zone within 1/2 mile of my residence. I understand that the bus stop must be at the same location for both am and pm. Existing bus routes will not be modified to accommodate this request.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return completed applications to:**

**Parma City School District  
ATTENTION: TRANSPORTATION DEPARTMENT  
7600 Day Dr  
Parma, Ohio 44129  
Phone (440) 885-2326  
Fax (440) 842-7358  
bus@parmacityschools.org**

To be completed by Transportation Dept

Approved

Bus # \_\_\_\_\_

Bus Stop \_\_\_\_\_

Stop Time \_\_\_\_\_

Effective Date \_\_\_\_\_

Completed by – Transportation personnel \_\_\_\_\_

Not Approved

Reason \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Notified \_\_\_\_\_