

Twin Valley Community Local School District

100 Education Drive

West Alexandria, Ohio 45381

Phone: 937-839-4193 -- Fax: 937-839-4898

Transportation

Student Name: _____ **Birth Date:** _____ **Grade:** _____

Student's Address: _____

Contact Phone #: _____ **Additional Phone #:** _____

Transportation (please select one)

- Student is **NOT** eligible for school transportation.

- Student **IS** eligible for transportation and will be picked up and dropped off at the **home address**.

- Student **IS** eligible for transportation and will be picked up and dropped off at the **childcare provider** listed below:

Name: _____

Address: _____

*I understand that my student is eligible for only one pick-up and one drop-off location. I understand that I must notify the transportation department with a Transportation Change Request form **4 (four) days in advance** of any change. I understand the change will remain in effect for 5 (five) weekdays or until another Transportation Change Request form has been submitted.*

Parent/Guardian Signature

Date