

**FAIRFIELD UNION LOCAL SCHOOL DISTRICT
SCHOOL BUS AUTHORIZATION FORM**

Please complete this form if your child will be riding the school bus. Your child's pick-up location must be the same Monday through Friday and your child's drop-off location must be the same Monday through Friday for the year. Use one form for each child.

PLEASE NOTE - IF THIS FORM IS NOT RETURNED, YOUR CHILD WILL BE PICKED UP AND DROPPED OFF ONLY AT THE HOME ADDRESS.

School (check one): Pleasantville Elementary Bremen Elementary
 Rushville Middle School Fairfield Union Junior High
 Fairfield Union High

Child's Name: _____ Grade: _____

Home Address: _____
(Road)

(City) (Zip Code)

Parent(s) Name: _____
(Name) (Home Phone) (Alternate Phone)

Child Care Provider (Daycare Facility or In-Home Child Care):

(Name) (Home Phone) (Alternate Phone)

(Street Address) (City) (Zip Code)

Please complete the following for transportation **TO SCHOOL**:
 Pick up at Home or Assigned Bus Stop
 Pick up at Child Care Provider (as named above)
 No pick up

Please complete the following for transportation **FROM SCHOOL**:
 Drop off at Home or Assigned Bus Stop
 Drop off at Child Care Provider (as named above)
 No drop off

Date you would like transportation to begin: _____
(For new enrollment during school year, or changes to current schedule.)

Special Information for the Transportation Department: _____

Signature: _____
(Parent/Guardian) (Date)

Please notify the Transportation Department 5 days in advance of any changes to this request.
For questions, please contact the Transportation Department Office as follows:
Office - 740-536-7820; Fax - 740-536-9132; Email - BarbaraGaskins@fairfield-union.k12.oh.us.