



Request for Springboro City Schools Bus Transportation

If you reside in Springboro School District, K-12th grade students are eligible for transportation to and from The Academy. Please complete and **RETURN BY JUNE 1 to The Academy 11 Sycamore Creek Dr, Springboro, Oh 45066**

Please print all information.

Name of Student: _____ DOB: _____

Address of Student: _____ Grade: (entering) _____

City: _____ Home Contact Number: _____

Mother's Name: _____ Mother Cell: _____ Email _____

Fathers Name: _____ Father's Cell: _____ Email: _____

ALTERNATE PICK-UP INFORMATION (if needed):

Address: _____

Contact Name: _____ Phone: _____

ALTERNATE DROP-OFF INFORMATION (if needed):

Address: _____

Contact Name: _____ Phone: _____

SPECIAL ARRANGEMENTS :(if needed) Day Variant Schedules Must Be the Same for Each Week:

Beginning Date: _____ Ending Date: _____

Parent/Guardian Signature: _____ Date: _____

Please Note: All transportation request must be approved by the Springboro Transportation Department prior to transportation being scheduled for your student. When approved, the Springboro Transportation Department will notify parents and school of the bus information.

FOR INTERNAL USE:

Building Approval: _____ Date: _____

Transportation Approval: _____ Effective: _____

Approved Bus # _____ Pick Up Time _____ Drop Off Time _____