388 Clark Drive, Circleville, OH 43113

Circleville City Schools

(740) 474-4340 (740) 474-6600 (Fax)

Student Name: *only one student per form please*	Grade:
HOME Address:	
City:	Zip:
Please list parent/guardian contact information:	
Name:	Phone #:
Name:	Phone #:

Please complete the appropriate spaces below for the transportation needs of your child for the 2026-2027 school year.

Please note: If your child will ride the bus to or from an address *other than home*, alternate addresses must be within the district. Routes will not be extended to accommodate alternate addresses.

~ Transportation must remain the same from one week to the next. **~**

AM Transportation needed: YES or NO
Address student is to be picked up in **AM**:
PM Transportation needed: YES or NO
Address student is to be dropped off in **PM**:

EFFECTIVE DATE REQUESTED:_____

Please allow up to **3 days** for transportation to be set up.

A note or phone call is required in order to temporarily change transportation arrangements for any student. *Temporary changes will be considered for emergency situations only.* All changes by phone need to be made by no later than 12:00pm.

Parent/Guardian Signature_____Date_____

Checklist BEFORE transportation is approved: *(OFFICE PURPOSES)*	
Transportation form complete, signed & dated	
Emergency form for bus	
Driver notified	
School notified of bus number/times	
Entered into Routing	