

NORTH RIDGEVILLE CITY SCHOOLS TRANSPORTATION DEPARTMENT
7012 PITTS BOULEVARD, NORTH RIDGEVILLE, OHIO - 44039-3000
(440) 327-4422 FAX (440) 353-1168

TRANSPORTATION VARIANCE REQUEST FORM

Refer to OAC 3301-83-08 C-1 and OAC 3301-83-13 B-5: "Pupils shall arrive at bus stop before the bus is scheduled to arrive. Each pupil shall be assigned a residence side designated place of safety. Driver must account for each pupil at designated place of safety (DPOS) before leaving. Pupils are not to proceed to their residence until the school bus has departed." By using this variance, you are requesting that the DPOS be changed.

DATE CHANGE REQUESTED TO START: _____

Variance forms must be received in Transportation by July 29th to be effective the first day of the 2011-2012 school year.

Requests received between July 30th and September 1st will take effect September 12th.

Thereafter, please allow 1 week to process the request.

Dear Parent/Guardian:

In order for your child to be considered for pick up/drop off at a DAYCARE/LATCH-KEY program or at an ADDRESS DIFFERENT FROM YOUR ADDRESS, this form must be completed and returned to Transportation. Busing will be provided to only one location for pick up and only one location for drop off per child if determined eligible. PLEASE DO NOT PUT STUDENT ON THE BUS UNTIL YOU RECEIVE CONFIRMATION THAT YOUR REQUEST IS APPROVED BASED ON THE FOLLOWING: Requests for split weeks will not be considered. Transportation variances will be considered only when the care provider is within the student's respective school boundary, with the exception of Board approved daycare stops. (Check with Transportation Department for DAYCARES which are Board approved for busing.) The pick up/drop off points must be on an established route. Buses will not be re-routed to accommodate the request. All copies must be sent to the Transportation Department for approval. Requests will be handled in the order received in Transportation. Parent/Guardian's copy will be returned after form is processed and you will be notified as to whether it is possible to grant your request. Approval of request is subject to availability of space on bus. The variance is valid for the current school year only; therefore a new form must be completed every school year. Please keep changes to a minimum. More than one change per year will be permitted for emergencies only.

PARENT/GUARDIAN SIGNATURE _____ TODAY'S DATE _____

STUDENT/PARENT/GUARDIAN INFORMATION

STUDENT'S NAME _____ HOME PHONE _____

HOME ADDRESS _____ APT. #/TRAILER _____

SCHOOL _____ GRADE (K-8) _____ AM _____ PM _____

PARENT/GUARDIAN NAME _____ RELATIONSHIP _____

CELL PHONE _____ FAX _____ EMERGENCY # _____

BEFORE SCHOOL

Same location 5 days a week

VARIANCE NAME _____

VARIANCE PHONE _____

VARIANCE ADDRESS _____

AFTER SCHOOL

Same location 5 days week

VARIANCE NAME _____

VARIANCE PHONE _____

VARIANCE ADDRESS _____

FOR TRANSPORTATION DEPARTMENT USE ONLY: REQUEST 1 _____ REQUEST 2 _____

DATE RECEIVED _____ APPROVED START DATE _____

PICK UP # _____ STOP LOCATION _____

DROP OFF # _____ STOP LOCATION _____