

LOUDONVILLE-PERRYSVILLE SCHOOL

Alternate Bus Stop Request Form

Student Name(s)	Teacher	Grade

Students Home Information

Parent/Guardian: _____

Home Address: _____

City: _____

Home Phone: _____

Work Phone: _____

Alternate Pick-Up/Drop-Off Information

Name: _____

Address: _____

City: _____

Home Phone: _____

Work Phone: _____

Effective Date(s): _____

Parent/Guardian Signature

Date

Please return to: Building Principal or Transportation Department

615 N Mt Vernon Ave., Loudonville, OH 44842

Or FAX: 419-994-3578

Questions to: Transportation Department, 419-994-3314

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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