



There is HOPE
for every child

4310 E. 71st Street
Cleveland, OH 44105

216-429-0232 [P]
216-429-0249 [F]

TRANSPORTATION INFORMATION

**I WOULD LIKE MY CHILD'S NAME SUBMITTED FOR SCHOOL BUS TRANSPORTATION.

YES NO PARENT/GUARDIAN SIGNATURE _____

IF YOU CHECKED "YES" ABOVE, PLEASE PRINT THE FOLLOWING INFORMATION

STUDENT'S FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH
HOME ADDRESS		CITY/STATE/ZIP	
HOME TELEPHONE NUMBER		PARENT/GUARDIAN NAME	EMERGENCY PHONE NO.
CHILD'S SEX (CIRCLE ONE)	GRADE		
MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>		

**PLEASE NOTE THAT SUBMISSION OF A NAME FOR TRANSPORTATION DOES NOT GUARANTEE YOUR CHILD WILL RECEIVE BUS TRANSPORTATION. THE CLEVELAND MUNICIPAL TRANSPORTATION DEPARTMENT WILL DETERMINE ELIGIBILITY BASED ON YOUR CHILD'S AGE AND DISTANCE FROM THE SCHOOL. WE WILL NOTIFY YOU WHEN ELIGIBILITY HAS BEEN DETERMINED.

IT WILL BE THE PARENTS' RESPONSIBILITY TO TRANSPORT THEIR CHILD TO AND FROM SCHOOL UNTIL ELIGIBILITY IS DETERMINED