

FAIRFIELD CITY SCHOOL DISTRICT  
TRANSPORTATION DEPARTMENT  
211 Donald Drive  
Fairfield, Ohio 45014

Telephone: (513) 829-6603 Fax: (513) 829-6821

*2011 - 2012 School Year*

**USE THIS FORM TO REQUEST TRANSPORTATION TO/FROM  
SITTER/DAYCARE IN THE SAME ATTENDANCE AREA**

Date \_\_\_\_\_

***Complete and return to the above address by June 15.***

SCHOOL YOUR CHILD WILL ATTEND IN 2011 - 2012 \_\_\_\_\_  
(Please use one form for each child)

NAME OF STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

NAME OF PARENT OR GUARDIAN \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

SITTER/DAYCARE NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

SITTER/DAYCARE ADDRESS \_\_\_\_\_

CHECK ONE OR BOTH OPTIONS LISTED BELOW:

\_\_\_ **PICKUP** I am requesting that the above named child be picked up at the bus stop closest to the sitter/daycare address as listed above.

\_\_\_ **RETURN** I request that the child listed above be returned to the bus stop closest to the sitter/daycare address as listed above.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_  
(If being filled out electronically, type name.)

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ACTION BY TRANSPORTATION DEPARTMENT DATE \_\_\_\_\_

Approved and drivers notified.