



**WARRENSVILLE
HEIGHTS**
City School District

**WARRENSVILLE HEIGHTS CITY SCHOOL
TRANSPORTATION FORM**

☐ NEW STUDENT
☐ ADDRESS CHANGE

☐ WHCSD Student
☐ Chartered/Community (Address, Contact, Telephone Below)

1. Last Name _____ First Name _____ MI _____
Grade _____ Male _____ Female _____ DOB _____ SPECIAL NEEDS _____

2. Last Name _____ First Name _____ MI _____
Grade _____ Male _____ Female _____ DOB _____ SPECIAL NEEDS _____

3. Last Name _____ First Name _____ MI _____
Grade _____ Male _____ Female _____ DOB _____ SPECIAL NEEDS _____

House No _____ Street _____ Apt _____

City _____ State _____ Zip _____

Parent/Guardian's Name (Print) _____ Relationship _____

Home Phone _____ Cell _____ Work _____ Ext _____

Email address (1) _____ Email address (2) _____

Chartered/Community School Address _____

Chartered/Community School Contact & Telephone: _____

Please choose one of the following options: CONTACT METHOD: / / HOME / / CELL / / WORK / / EMAIL

POR (Circle): CAT 1 (ONE NEEDED): Deed – Lease – HUD – Dual Residency;
CAT 2(TWO NEEDED): Gas – Light – Cable – Water - Sewer – Home Phone – Gov't Doc (IRS) &
Collections – Auto, Home, Renter's Insurance – Vehicle Registration – Pay Stub – Voter's Reg.

Emergency Contacts:

Name _____ Relationship _____

Home Phone _____ CELL _____ WORK _____

I understand that if I fail to follow the Board Policy 5610.04 – Suspension of Bus Riding/Transportation Privileges, Page 61, Student/Parent Code of Conduct Handbook, *Rights and Responsibilities*, disciplinary actions may result.

Student's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Note: This entire form must be completed and returned.

APPROVED / /; DENIED / /

PARENT OR GUARDIAN TRANSPORTATION CONSENT FORM

(Kindergarten, 1st Grade and 2nd Grade only)

In granting permission, I hereby expressly waive my claim for liability against the ACCEL Schools Ohio, LLC, including its employees and representatives and release them from liability in connection with the yellow bus transportation. Further, in case of my absence from being present at my child's assigned stop, the Transportation Department has my permission to allow my child(ren) to exit the bus.

It is further warranted that if this Parent or Guardian Consent Form is signed by one of two parents/guardians, it is with the authority of the other. Please keep a copy of this form in the student(s) file at the school level.

I hereby give my permission for my child(ren) to exit the yellow bus in the event I am not present at their assigned stop.

School/Campus:

☐ Akron Preparatory

☐ Broadway Academy

☐ Chapelside Academy

☐ Cleveland College Preparatory

☐ East Academy

☐ Euclid Preparatory

☐ Lake Erie Preparatory

☐ Lincoln Park Academy

☐ NE Ohio College Preparatory K-8

☐ NE Ohio College Preparatory High School

☐ Ohio College Preparatory

☐ University of Cleveland Preparatory

☐ West Park Academy

☒ Other (please specify): STEAM Academy of W.H.

Student Name & Grade: _____

Student Name & Grade: _____

Student Name & Grade: _____

Address: _____

Home Phone: _____ Work Phone (optional): _____

Emergency Contact: _____ Emergency Phone: _____

Print Your
Name: _____

Signature: _____ Date: _____

TRANSPORTATION REQUEST FORM

Purpose of Request: ☐ Returning Student ☐ New Student ☐ Address Change
☐ Network Transfer (requires proof of residency)
From School: _____ to School: _____
☐ Other (state purpose): _____

School/Campus: ☐ Akron Preparatory ☐ Broadway Academy
☐ Chapelside Academy ☐ Cleveland College Preparatory
☐ East Academy ☐ Euclid Preparatory
☐ Lake Erie Preparatory ☐ Lincoln Park Academy
☐ NE Ohio College Preparatory K-8 ☐ NE Ohio College Preparatory High School
☐ Ohio College Preparatory ☐ University of Cleveland Preparatory
☐ West Park Academy
☒ Other (please specify): STEAM Academy of W.H.

Full Name of Parent/guardian: _____ Date of Request: _____

Home Address: _____

City/State/Zip: _____

	<u>Student Name</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>Grade</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Closest Intersection/Cross Street to your home: _____

- ☐ Yes, My student(s) will use the Yellow Bus Transportation provided by ACCEL Schools.
☐ No My student(s) will not use the Yellow Bus Transportation provided by ACCEL Schools. I assume all responsibility in transporting my student(s) to and from school each day.

Please Note: If you move during the School Year, a new Transportation Form must be filled out to change your route stop. Please allow five (5) Business Days for Processing.

COMPLETING THIS FORM DOES NOT GUARANTEE TRANSPORTATION

THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT		
Date Reviewed: _____	Date Completed: _____	PowerSchol Updated: _____
Request Status: <input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Waitlist		
Bus Information: Route: _____ Stop: _____ Start Date: _____		
Denial Reason: <input type="checkbox"/> Live within 1 mile or greater than 5 miles of school <input type="checkbox"/> Bus stop unavailable		
<input type="checkbox"/> Other: _____		