

First Student / Xenia Community Schools

921 Yellowstone Road

Xenia, Ohio 45385

office (937) 372-3876 fax (937) 372-5228

**Bus Request / Variance Form
2014-15 School Year**

A route is determined based on the information below. Please allow up to 2 days for route placement or for approval/denial of route change. Please clearly print all information.

Date of Application: _____

Student Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

DOB: _____ School: _____ Grade: _____

Student will ride the bus: AM _____ PM _____ Full day _____

Parent/Guardian Name: _____

Special Concerns We Should Know About: _____

This Section To Only Be Completed If Requesting For A Variance

Childcare Provider Name: _____

Childcare Provider Address: _____

Childcare Provider Phone: _____

Pick Up: _____ Drop Off: _____ Both: _____

OFFICE USE ONLY

Date Received: _____

AM Bus # / Time: _____ Bus Stop: _____

PM Bus # / Time: _____ Bus Stop: _____

Approved by: _____ Date: _____