**OKEEECHOBEE SCHOOL BOARD**

**Request for Regular Transportation Between “Dual Residences”**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Circle Grade: 9 10 11 12

**Residence # 1**

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle the following days of the week to provide transportation **(TO)** school from the stop closest to this address:

**M T W R F (or weeks on back)**

Circle the following days of the week to provide transportation **(FROM)** school from the stop closest to this address:

**M T W R F (or weeks on back)**

Signature of Legal Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

Requests will be honored and processed upon the following conditions:

**Residence # 2**

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle the following days of the week to provide transportation **(TO)** school from the stop closest to this address:

**M T W R F (or weeks on back)**

Circle the following days of the week to provide transportation **(FROM)** school from the stop closest to this address:

**M T W R F (or weeks on back)**

Signature of Legal Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

1. Stop must be a designated currently used bus stop. The bus will not add mileage to this route.
2. Any change will require filing a new form.
3. Arrangements must be on a consistent basis. The same schedule must be followed every week or in accordance with schedule indicated on back of form. The District cannot assume responsibility for error in part-time or alternating week arrangements.
4. Last minute phone calls will not be accepted for modifications to set schedule for your child.
5. Requests for transportation to and/or from dual residences MUST INCLUDE A COPY OF THE COURT ORDER DETERMINING JOINT OR SHARED CUSTODY.

RETURN COMPLETED FORM TO OHS, OAA or OFC depending on the school your child attends.

***Allow one week after submitting this form for a response***. The request cannot begin until this form

has been approved by the Principal or designee and is on file in the Transportation Office.

Dear Parent/Guardians:

\_\_\_\_\_Your request is granted subject to the conditions or qualifications listed above.

\_\_\_\_\_Your request is denied due to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Principal or Designee Date: \_\_\_\_\_\_\_\_\_\_\_\_,

**Residence # 2**

AM Bus #\_\_\_\_ Stop\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time\_\_\_\_\_

PM Bus #\_\_\_\_ Stop\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time\_\_\_\_\_

**Residence # 1**

AM Bus #\_\_\_\_ Stop\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time\_\_\_\_\_

PM Bus #\_\_\_\_ Stop\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time\_\_\_\_\_

August-2016

**M T W T F**

 10 11 12

15 16 17 18 19

22 23 24 25 26 29 30 31

September-2016

**M T W T F**

 **1 2 5 6 7 8 9 12 13 14 15 16 19 20 21 22 23 26 27 28 29 30**

October-2016

**M T W T F**

**3 4 5 6 7 10 11 12 13 14 17 18 19 20 21 24 25 26 27 28 31**

November-2016

**M T W T F**

 **1 2 3 4 7 8 9 10 11 14 15 16 17 18 21 22 23 24 25 28 29 30**

December-2016

**M T W T F**

 1 2 5 6 7 8 9 12 13 14 15 16

January-2017

**M T W T F**

2 3 4 5 6

9 10 11 12 13 16 17 18 19 20 23 24 25 26 27 30 31

February-2017

**M T W T F**

 1 2 3 6 7 8 9 10 13 14 15 16 17 20 21 22 23 24 27 28

March-2017

**M T W T F**

 1 2 3 6 7 8 9 10 13 14 15 16 17 20 21 22 23 24 27 28 29 30 31

**April-2017**

**M T W T F**

**3 4 5 6 7 10 11 12 13 14 17 18 19 20 21 24 25 26 27 28**

May-2017

**M T W T F**

1 2 3 4 5 8 9 10 11 12 15 16 17 18 19 22 23 24 25 26 29

June-2017

**M T W T F**

**INSTRUCTIONS:**

Circle the weeks student will be at Home 2.

All other weeks will be considered as residing at Home 1.

2016-17 School Year