

SHEFFIELD-SHEFFIELD LAKE TRANSPORTATION INFORMATION

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Please do not fill out this form if you are within the one mile limit.

Student Name: _____

Grade: _____ School: _____

Home Address: _____ City: _____

Parent/Guardian #1: _____

Day Phone: _____ Cell: _____

Parent/Guardian #2: _____

Day Phone: _____ Cell: _____

Pick Up Address: _____

Drop Off Address: _____

Day Care Contact: _____ Phone: _____

The following information must meet the criteria below to provide transportation:

- The address listed above must be within the school district's attendance boundary.
- The bus stops **must be for all school days**. A different AM/PM bus stop is allowed.
- The desired bus stops cannot be over the load capacity.
- The stop is not in effect until parents have been notified by the transportation director.

Parent/Guardian Signature: _____ Date: _____

Transportation Director: _____ Approval Date: _____