

PETERMANN BUS/FINNEYTOWN TRANSPORTATION OFFICE

8916 Fontainebleau Terrace, Cincinnati, OH 45231

Phone: (513) 728-7220 Fax: (513) 728-7228

**BABYSITTER REQUEST FORM**

I am requesting a change in my child/children’s bus stop location, for the purpose of using a babysitter. I understand that certain criteria must be met in order for my request to be approved.

1. My student must be picked up and/or dropped off at the same bus stop five days a week. I may request service for AM, PM or both.
2. My babysitter must live more than 1 mile from the school to be eligible for transportation.
3. My babysitter must also be located on an existing transportation route, with an existing bus stop that connects to my child’s school of attendance. The transportation department will not create new routes, bus stops or connections between schools to accommodate my babysitter.
4. There must be space available on that bus for my child.
5. I may request (1) bus stop change per school year.
6. This request is for the current school year only. If this service is needed next school year, I must submit a new request.
7. **PLEASE ALLOW 2 BUSINESS DAYS TO COMPLETE REQUEST. ANY MADE ON FRIDAY WILL NOT START UNTIL TUESDAY. We realize some requests need to be completed with urgency. We will work diligently to complete the request in a timely manner but some requests will require the 2 full days.**
8. Per our policy this form must be returned to the transportation office prior to starting service. Failure to return this form before the start date will delay the start in service.
9. Make sure the information you put below is clear to read. No cursive handwriting please because it doesn’t show up very clear through fax.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Parent name \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Child’s Name \_\_\_\_\_ Grade \_\_\_\_\_

Child’s Name \_\_\_\_\_ Grade \_\_\_\_\_

Child’s Name \_\_\_\_\_ Grade \_\_\_\_\_

Child’s Name \_\_\_\_\_ Grade \_\_\_\_\_

Sitter Name \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Date I would like my request to begin \_\_\_\_\_

AM only \_\_\_\_ PM only \_\_\_\_ AM & PM \_\_\_\_

**Please email or fax this form to:** DaNell Bell at [dbell@petermannbus.com](mailto:dbell@petermannbus.com) or Megan Clark at [mgirdler@petermannbus.com](mailto:mgirdler@petermannbus.com)

Please note: The transportation department will contact you as soon as this request has been approved. **The current transportation plan will be followed, until you receive a call stating that the request has been approved. Transportation will provide you with the location and times.**

