



**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 (Check): 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.

Note: This entire form must be completed and returned. DOWNLOAD, PRINT
AND MAIL OR DROP OFF TO: TRANSPORTATION DEPT., ATTN: MRS. ELAINE
CALLAHAN 4285 WARRENSVILLE CENTER ROAD, WARRENSVILLE HEIGHTS, OH 44128

YOU CAN ALSO EMAIL THE COMPLETED FORM TO ELAINE.CALLAHAN@WHCSD.ORG

APPROVED / /; DENIED / /

**THIS FORM ONLY NEEDS TO BE COMPLETED IF YOU NEED YOUR CHILD(REN)
DROPPED OFF AT A LOCATION OTHER THAN THEIR HOME ADDRESS.**



WARRENSVILLE HEIGHTS CITY SCHOOL
ALTERNATE TRANSPORTATION FORM
(Must be Attached to Original 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:

☐ *Pick-up at **HOME** with the drop-off at **DAYCARE or ADDRESS***

○ _____

☐ *Pick-up at **DAYCARE or ADDRESS** with drop-off at **HOME***

○ _____

☐ ***Pick-up AND drop-off** at the following **DAYCARE or ADDRESS***

○ _____

START DATE: _____

Name _____

Phone Number _____

Signed Authorization _____ Date _____

Principal Approval _____ Date _____

NOTE: We will not accommodate any request without a proper signature from the legal guardian. The Transportation Department will need 2 days to process your request after receiving authorization.

Note: This entire form must be completed and returned.

APPROVED / /; DENIED / /

DOWNLOAD, PRINT AND MAIL OR DROP OFF TO: TRANSPORTATION DEPT., ATTN:

MRS. ELAINE CALLAHAN 4285 WARRENSVILLE CENTER ROAD, WARRENSVILLE
HEIGHTS, OH 44128 OR EMAIL TO ELAINE.CALLAHAN@WHCSD.ORG