



Pupil Transportation Branch, Michael Dresch, Director

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Latch Key and /or Alternative Stop Supervision Request Form 2009-2010

1. For safety reasons, students receiving Curb-to-Curb service (Special Needs) and Kindergarten students are required to be accompanied or met at the bus stop by a responsible adult unless the parent completes a request for the Latch Key service.
2. Parents/Guardians requesting the Latch Key option assume all responsibility for the child before and after the bus leaves the stop location
3. The Transportation Branch does not encourage use of the Latch Key option but will honor the request of the parent/guardian.
4. Only parents/guardians are authorized to meet the child at the stop location. Individuals authorized to provide Alternative Stop Supervision must be listed in the space available.
5. Approved Latch Key or Alternative Stop Supervision Service will be continued from one school year to the next and does not require additional requests.

The policies and review procedures for each request type are available at all schools receiving CPS transportation service and on the CPS Web Page: <http://www.cps-k12.org/general/transportation/transportation.htm>

School Session: Summer School -2009 _____ Regular School Year: _____ Summer School -2010 _____

School of Attendance: _____ **School #:** _____

Student Name(s) (Last/First) _____ **Grade** _____

1 _____

2 _____

3 _____

Home Address: _____

Latch Key and /or Alternative Stop Supervision Request (*Curb-to-Curb Service- Special Needs and Kindergarten*)

_____ My child has permission to utilize his/her personal house key and enter the house unattended.

_____ The following individuals other than myself are authorized to meet my child at the stop location (List Below):

Alternate 1 _____ Phone: _____

Alternate 2 _____ Phone: _____

Alternate 3 _____ Phone: _____

As parent/legal guardian of the above noted child(ren), I request the changes to my child(s) transportation arrangements. I have read, understand and will comply with the policies pertaining to the requests being made:

_____ Phone _____ Date: _____

Signature of Parent/Guardian Required

Send request form to child's school of attendance. Form can be mailed or faxed to First Student, 100 Hamilton Blvd., Arlington Heights, OH 45215. Fax 513 672-0694, Phone 761-6100