Request for Sibling Transportation Modification Form for Metro Pass

As parent/guardian of a child, I request that my child be considered for a Metro bus pass for the 2022-23 school year for the purpose of riding a Metro bus with an older sibling in grade 7 or higher. I recognize that transportation carries a certain risk of personal injury. Should my child be issued a Metro pass, I agree on behalf of myself and my child to assume all such risks. I waive and release any and all rights or claims I may have against the Cincinnati Public School District, the Board of Education of the Cincinnati Public School District and its members, employees, or volunteers, arising out of, in connection with, or resulting from, this transportation. If approved to receive a pass, I give my permission for my child to utilize a Metro bus pass for the 2022-23 academic school year in lieu of any other form of transportation.

______________________________________________
Name of Child

______________________________________________
Name of brother or sister in grade 7 and above at same school who will ride Metro with above child

______________________________________________
School of Attendance

______________________________________________
Authorized Signature of School Official

______________________________________________
________________________________
Name of Parent  Phone

______________________________________________
Signature of Parent  Date

(The Metro Pass will be sent to the school.)
Email completed form to: cpstrans@cps-k12.org or return to your child’s school.