



PREPARING STUDENTS  
**FOR LIFE**

**Pupil Transportation Services**

\* P.O. Box 5381 \* Cincinnati, OH 45201-5381 \* Phone: 513-363-0330 \* Fax: 1-513-363-0325

**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 2019-20 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 2019-20 academic school year in lieu of any other form of transportation.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Names of brother or sister in grade 7 and above at same school who will ride Metro with above child

\_\_\_\_\_  
Grade

\_\_\_\_\_  
School of Attendance

\_\_\_\_\_  
Authorized Signature of School Official

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

(The Metro Pass will be sent to the school.)