**TRANSPORTATION FORM**

(Circle one)  
CVCA  
Walsh

**TYPE OR PRINT CLEARLY**

Grade: ______ Starting Date: ________________ Bus: ☐ Yes ☐ No (If no, reason): ____________________________

Last Name: __________________________ First Name: __________________________

Home Address: __________________________ City: __________________________ Zip: __________________________

Phone: __________________________ Email: __________________________

Parent(s)/Legal Guardian(s) Name (PLEASE PRINT): ______________________________________________________

Parent(s)/Legal Guardian(s) Signature: __________________________________________ Date: __________________

Please allow two weeks for processing.  
RETURN THIS FORM TO THE TRANSPORTATION DEPT.

Students assigned to the bus will be removed from the route if they do not ride for three weeks.

AM Transportation:  
☐ Neighborhood Stop to Twinsburg High School/transfer to CVCA/Walsh bus (6th-8th grades ride with the high school students)  
☐ Parent/Guardian transport to Twinsburg High School/boards CVCA/Walsh bus*  
☐ Before School Sports – no transportation needed until ________________ (please notify the Transportation Dept. if date changes)  
☐ No transportation needed

PM Transportation:  
☐ Neighborhood Stop  
☐ High School Stop  
☐ No transportation needed  
☐ After School Sports – no transportation needed until ________________ (please notify the Transportation Dept. if date changes)  

*Please Note:

1. There is no parking at the high school for CVCA/Walsh students at any time. Students may not drive and park at the high school to board the CVCA/Walsh bus. Illegally parked cars will be tagged.

2. When Twinsburg City Schools are closed CVCA/Walsh students must provide their own transportation to Twinsburg High School to catch the morning bus. The afternoon CVCA/Walsh bus will follow its regularly scheduled route.

**TRANSPORTATION OFFICE USE ONLY**

A.M. Bus # ______ Location: __________________________ Time: __________________________ Date Rcvd: _______

P.M. Bus # ______ Location: __________________________ Time: __________________________ Parent Notified: ______

Reviewed By: _______ Date: _______ Approved: _____ Denied: _____ Starts: __________

Driver Notified: ________

This form expires at the end of the current school year.  
Revised 7/1/2019

PLEASE REVIEW WEBPAGE FOR ADDITIONAL INFORMATION:  
www.twinsburg.k12.oh.us/transportation.aspx