

**CLOVERLEAF LOCAL SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT INTENT TO RIDE**

Student Name: _____ Grade _____

Siblings: _____ Grade _____

Siblings: _____ Grade _____

Siblings: _____ Grade _____

Student Address: _____

Home Phone: _____ Cell Phone: _____

School attending for 2021-2022: _____

_____ Yes, my student will need the school bus for the following.

_____ AM only _____ PM only _____ Both AM & PM

_____ No my student will not need the bus.

PARENT'S SIGNATURE: _____

PLEASE CALL
KATHY CARLTON AT CLOVERLEAF TRANSPORTATION
330-302-0402
FOR BUSSING INFORMATION