

**XENIA COMMUNITY SCHOOLS  
TRANSPORTATION VARIANCE REQUEST**

Dear Parent:

The purpose of this form is to give us your written permission to transport your child(ren) to and from an address other than your own.

***Approval will depend on seat availability on the bus, and whether there is an established stop at the pick-up or drop-off point. The established stop is determined by our primary routing system, and a bus cannot be re-routed for a Variance Request.***

Please complete the information below and return to:      Xenia Community Schools  
Transportation Dept.  
921 Yellowstone Rd.  
Xenia, Ohio 45385

***Please allow ten (10) business days to process your request.***

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Student's Name \_\_\_\_\_

School of Attendance \_\_\_\_\_ Grade Level \_\_\_\_\_

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Parent's Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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Name & Address of person caring for your child \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_

Length of time \_\_\_\_\_ Effective Date \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

(to be completed by Transportation Dept.)

**APPROVAL FOR BUS DRIVER**

A.M. Bus # / Time \_\_\_\_\_ A.M. Bus Stop \_\_\_\_\_

P.M. Bus # \_\_\_\_\_ P.M. Bus Stop \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_