



LITTLE MIAMI LOCAL SCHOOLS

95 E. U.S. 22 & 3 • Maineville, OH 45039 • (513) 899-2264 • LittleMiamiSchools.com

NON-PUBLIC TRANSPORTATION ENROLLMENT FORM • 2026-2027 SCHOOL YEAR

_____ **New Student** _____ **Enrolled Student** _____ **Grade** _____ **Effective Date** _____

School Attending: CHCA _____ SMOY _____ St. Columban _____ St. Francis DeSales _____ St. Susanna _____
Lebanon Christian _____ Children's Meeting House _____

Name of Student: _____ Date of Birth: _____ Male: _____ Female: _____

Legal Residence Address: _____ City: _____ ZIP: _____

Home is located between: _____ and _____ Home Phone: _____
Rd./St. Rd./St.

Subdivision (if applicable): _____

Mother's name: _____ Employer: _____ Cell Phone: _____

Work Phone: _____

Father's name: _____ Employer: _____ Cell Phone: _____

Work Phone: _____

Emergency contact: _____ Relationship to student: _____ Phone: _____

Student will be transported to and from the above address: YES NO

If YES _____ AM (to school only) _____ PM (from school only) _____ Both (to and from school)

If NO _____ Student will need transportation to the ALTERNATE ADDRESS listed below.

_____ Parent will provide **ALL** transportation for the student

ALTERNATE TRANSPORTATION INFORMATION: The Little Miami Local School District needs the following information for transportation and other important records. If your child(ren) will be served by a child care provider at an address other than your legal residence, the information below **must** be completed by the parent/guardian and updated each year. This procedure will ensure the continuity of transportation services. If your child care provider changes, a Change of Child Care form **must** be completed by the parent/guardian. Change of Child Care forms are available at each school building. Elementary students will be transported to individual child care providers who live within their neighborhood school boundaries.

Alternate Care Provider: _____ Effective Date: _____

Address: _____ City: _____ ZIP: _____

Phone: _____

Additional Information: _____

My child will be **picked up** at the alternate address on the following days:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

My child will be **dropped off** at the alternate address on the following days:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

In the event your legal residence changes, contact Transportation at (513) 899-2941 or email ckonkle@msdoh.org for a Change of Address form. All changes will be managed through Transportation and Central Registration and must be completed in person.

Parent/Guardian Signature: _____ Date: _____