LITTLE MIAMI LOCAL SCHOOLS

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

TRANSPORTATION ENROLLMENT FORM · 2025-2026 SCHOOL YEAR

_____ **New Student** _____ **Enrolled Student** **Grade** _____ If KG or Pre-K ____AM ___PM

School Attending: LMHS _____ LMMS _____ LMES _____ LMPR _____ LMEC_____
WCCC _____ Alternative School _____

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

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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 proviers 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: Yes_____ No _____

Little Miami Local Schools Board of Education policy only allows one drop off address to be on file for a student. This form can be faxed to 513-899-4004 or emailed to keoeder@lmsdoh.org. All change of address information must be managed through Central Registration.

Parent/Guardian Signature: _____ Date: _____