



# 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](mailto: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: \_\_\_\_\_