

CLOVERLEAF LOCAL SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT INTENT TO RIDE
2025/2026

Student Name: _____ Grade _____

Siblings: _____ Grade _____

Siblings: _____ Grade _____

Siblings: _____ Grade _____

Student Address: _____

Home Phone: _____ Cell Phone: _____

School attending for 2025-2026: _____

_____ 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: _____

By completing this form, you are not giving up your student's opportunity to ride the bus.

If you find that your child is in need of a ride for a day, a week, or the rest of the year after submitting the form and after having checked "no bus", please call the Transportation Department at 330-302-0402.

Please return this form by May 20, 2025 to your student's school. Or you may mail this form to Cloverleaf Transportation, 109 Maple Grove, Lodi, OH 44254.

Forms not returned by May 23, 2025 will convey to us that your child/children will not ride.