



The North Royalton City Schools 2018-2019
Transportation schedules for all students will
be available on E-link (instructions included)
the week of August 13, 2018

*It is the parent's responsibility to utilize E-link to retrieve your
students' bus transportation information. For the safety of all
students, the Transportation Department does not provide bus
information for students over the phone.*

Parents of any students who require a pick up or drop off other than your home should note that *Alternate Pick Up/Drop Off Location* forms are due in the Transportation Office by **July 20, 2018**. Any forms received after *July 20, 2018* will be handled as time allows but may take up to 10 days after the first day of school, unless you are a newly registered student. Transportation forms can be found at www.northroyaltonsd.org .
Scroll down to Transportation. Questions may be directed to 440-582-9051.



E-Link Student Transportation Schedule Instructions

How to get your students bus information:

1. Log on to the North Royalton City Schools website:
www.northroyaltonsd.org
2. Scroll down and click on Transportation. You will now see E-Link information and login directions to access your student's transportation schedule.

Instructions For Use:

1. Enter your primary phone number (no dashes or parenthesis, just ten digits) as the "Username" AND "Password".

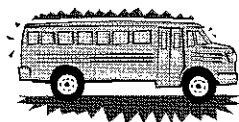
Example: User Name
 Password
2. Go to the tab on the top titled: "Students" then "View My Students" (your student(s) will be listed).
3. Click on student name to view bus information.

After you have viewed your student(s) information,
Questions may be directed to the Transportation Department at 440-582-9051.

Note: We cannot provide transportation information over the phone.
Parents are expected to utilize E-Link to access bus information.

North Royalton City Schools
 Transportation Department - 6579 Royalton Road
 North Royalton, Ohio 44133
 Phone: (440) 582-9051 Fax: (440) 582-9138

ALTERNATE PICK-UP & DROP-OFF LOCATION
 2018 – 2019 School Year



Alternate locations must be in the same attendance area as your residence, unless going to an approved Daycare Center. Please check with Transportation if you are unsure of your approved daycare options.

Today's Date: _____ Effective Date: _____

School Building: Albion Royal View Valley Vista
 Middle School High School Other

Name of Student: _____ Grade: _____

Home Address: _____

Parent Name: _____ Phone: _____

Alternate stops and days **must be consistent for each week** of the school year. Please list the alternate arrangements in the chart below – Check the appropriate boxes (X):

AM: MORNING PICK UP (OTHER THAN HOME)

DAYCARE NAME or BABYSITTER ADDRESS	MON	TUE	WED	THU	FRI	CONTACT PERSON	PHONE
AM							

PM: AFTERNOON DROP OFF (OTHER THAN HOME)

DAYCARE NAME or BABYSITTER ADDRESS	MON	TUE	WED	THU	FRI	CONTACT PERSON	PHONE
PM							

After the initial request is implemented, only one change is permitted per school year.

Forms **MUST** be received by July 20, 2018 to be effective the first day of the school year.
 Forms received after July 20, 2018 will be effective ten (10) business days after the start of the school year.

Form should be mailed or faxed to the:
 Transportation Department
 6579 Royalton Road
 North Royalton, OH 44133
 Phone: (440) 582-9051 Fax: (440) 582-9138

 PARENT/GUARDIAN SIGNATURE

 DATE

 PRINCIPAL'S SIGNATURE

 DATE



North Royalton City Schools EMERGENCY AUTHORIZATION Parochial Schools

PLEASE PRINT

Student: Last Name	First Name	M.I.	School
Address			Birth Date
Apt #	City	Zip	Grade Bus #

MOTHER/GUARDIAN:			
Last Name		First Name	
Address			Apt #
City	State		Zip
Home Phone ()		Cell Phone ()	
Place of Employment:			Work Phone ()
FATHER/GUARDIAN:			
Last Name		First Name	
Address			Apt #
City	State		Zip
Home Phone ()		Cell Phone ()	
Place of Employment:			Work Phone ()

Student lives with: Both Parents Mother Father Guardian Mother/Stepfather
 Father/Stepmother Other _____
 Legal/Custody Documentation on File? _____

OTHER RELATIVE OR NEIGHBOR:			
Last Name		First Name	
Address			Apt #
City	State		Zip
Home Phone ()		Cell Phone ()	
Relationship:			Work Phone ()
OTHER RELATIVE OR NEIGHBOR:			
Last Name		First Name	
Address			Apt #
City	State		Zip
Home Phone ()		Cell Phone ()	
Relationship:			Work Phone ()

Restrictions regarding child's release:

Special Health Problems (i.e. Allergies):

× Parent/Guardian Signature: _____ Date: _____