SCHOOL_______________________________________GRADE____________________________

MUST BE RESUBMITTED EACH YEAR

DAY CARE BUS REQUEST FORM 2009-2010

NOTE: **DAY CARE TRANSPORTATION MUST BE 5 DAYS A WEEK AT THE SAME LOCATION AND ON THE SAME BUS. ANY CHANGES DURING THE YEAR TO THIS ARRANGEMENT MUST BE IN WRITING.**

Section A

Date____________________

I am requesting that ____

be picked up ☐ dropped off ☐ at the Day Care provider's address below:

____

Signature of parent____

Parent Telephone #: Home____________________Work___________________

^^

Section B

As the day care provider for the above student, I accept the responsibility for this child before school ☐ after school ☐.

Day Care Manager or Care Provider Name (Print)______________________

Day Care Provider Signature____

Date____________________Day Care telephone number:_________________

++

PLEASE END DAYCARE:

____

Student to home: Yes:_____No:_______Address:______________________

For Bus Operations Use Only:

NOT APPROVED___ Date_____________Comment____________________

____

Approved by:____

***APPROVED Date*____________________ BUS #_______________**

Bus stop____________________________________Time A.M.____________

Bus stop____________________________________Time P.M.____________

MUST BE RESUBMITTED YEARLY

FAX – 447-7573