SCHOOL/AGENCY_____**GRADE**_____

DAY CARE BUS REQUEST FORM 2010-2011

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- Parent

Date_____

I am requesting that _____
(student name)

be picked up O dropped off O

Day Care address_____

Signature of parent_____

Parent Telephone #: Home_____ **Work**_____ Cell_____

Section B- Day Care Provider

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

Day Care Provider Name (Print)_____

Day Care Provider Signature_____

Day Care telephone number: _____ **cell**_____

Section C- Please End Daycare

Parent Signature_____**Date**_____

MUST BE RESUBMITTED YEARLY

FAX – 447-7573