

SCHOOL/ _____ GRADE _____
AGENCY _____

DAY CARE BUS REQUEST FORM 2011-2012

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 dropped off

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 after school .

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

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