

TRANSPORTATION DEPARTMENT
REQUEST FOR CHILDCARE TRANSPORTATION
POLICY #6109

Reason for Action (to be completed by School Office)

NEW
(Complete all Data)

CHANGE
(Name, Student # and
New Information)

DISCONTINUE
(Name and Student #)

Service requested for: To School _____ From School _____ To and From _____

(This request must be received in the Transportation Office not less than 5 days prior to the effective date.)

STUDENT DATA:

Name _____ Student # _____

Home Address _____

Emergency Contact Person _____ Phone # _____

TRANSPORTATION DATA:

School of Attendance _____

Name of Caregiver _____ Phone # _____

Address of Caregiver _____

Effective Date(s) _____ To _____

REQUESTED BY:

Parent's Signature _____ Date _____

Caregiver's Signature _____ Date _____

Recommending Principal _____ Date _____

TRANSPORTATION ARRANGEMENTS (to be completed by Transportation Department):

Bus # _____ Bus Driver _____

Bus Stop _____ Time _____

Date Transportation Will Start _____

Transportation Contact Person _____ Phone _____

APPROVED

DISAPPROVED
(If so, why? _____)

COPY SENT TO PARENT