

BUS STOP REQUEST FOR CHILD CARE PROVIDER

***** TO PARENTS: SEND COMPLETED FORM TO THE SCHOOL YOUR CHILD ATTENDS*****

PLEASE NOTE: This request is for the current school year only and **MUST** be renewed each year

PARENT TO COMPLETE THIS SECTION

STUDENT(S) INFORMATION

DATE: _____

CHILD/CHILDREN'S NAME: _____

HOME ADDRESS: _____

TELEPHONE NUMBERS: HOME _____ WORK _____

SCHOOL ATTENDING: _____

GRADE(S): _____

PLEASE INDICATE WHETHER REQUEST IS FOR:

- AM PICKUP
- KA DROP
- KP PICKUP
- PM DROP
- BOTH WAYS

CHILD CARE PROVIDER INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER OF PROVIDER: _____

PARENT SIGNATURE: _____

'TRANSPORTATION FILLS IN'

BUS INFORMATION

BUS #: _____

BUS STOP: _____

AM TIME: _____

KA TIME: _____

KP TIME: _____

PM TIME: _____

EFFECTIVE DATE: _____

DATE: _____

INITIALS: _____

REV.12/2006