



2020-2021 CHILDCARE PROVIDER TRANSPORTATION REQUEST

Today's Date: _____

Student's Name: _____ Grade: _____

Home Address: _____

School your student attends: _____

CHILD-CARE PROVIDER'S INFORMATION:

Name: _____ Phone: _____

Complete Street Address: _____

Check when transportation is needed to the above address:

AM Pickup: M ___ T ___ W ___ TH ___ F ___

PM Drop off: M ___ T ___ W ___ TH ___ F ___

Location of bus stop on early dismissal days: home ___ childcare provider ___

Start Date: _____ End date: _____

PARENT/GUARDIAN INFORMATION:

Name: _____ Phone(s): _____

Parent/Guardian Signature: _____

This request may be denied based on bus capacity limits. Changes require up to **five** school days to implement. This form must be updated and completed each school year.

Please complete and return to the building your student attends. This form must be approved by building administrators prior to transportation changes.

Administrator Approval: _____ **Date:** _____

Administrator – please approve and send to CV Service Center for transportation processing.

