



**2023-2024 CHILDCARE PROVIDER/CUSTODY  
TRANSPORTATION REQUEST**

Today's Date: \_\_\_\_\_ School your student attends: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Child-care Provider/Custody ALTERNATE ADDRESS INFO:**

RESPONSIBLE ADULT at Alternate Address (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 \_\_\_ alternate address \_\_\_

Start Date: \_\_\_\_\_ End date: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

PARENT/GUARDIAN Email address: \_\_\_\_\_

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. Confirmation of transportation will be sent via email to the above email address and to the school office.*

**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 review, sign and send to CV Service Center for transportation processing

