

BUS STOP REQUEST FOR CHILD CARE PROVIDER/ALTERNATIVE STOP

***** 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

PLEASE INDICATE DAYS CHILD CARE/ALTERNATIVE STOP IS REQUIRED:

MON _____ TUES _____ WED _____ THURS _____ FRI _____
OTHER _____

CHILD CARE PROVIDER INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER OF PROVIDER: _____

TRANSPORTATION FILLS IN

BUS INFORMATION

BUS # _____

BUS STOP _____

AM TIME _____

KA TIME _____

KP TIME _____

PM TIME _____

EFFECTIVE DATE: _____

DATE: _____

INITIALS: _____