

# 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: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

TELEPHONE NUMBERS: HOME# \_\_\_\_\_ WORK# \_\_\_\_\_ CELL# \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ PARENT NAME: \_\_\_\_\_

**PLEASE CHECK THE DAY AND TIME THAT CHILD WILL NEED TO USE THE ALTERNATIVE BUS STOP:**

**AM PICKUP** MON \_\_\_ TUES \_\_\_ WED \_\_\_ THURS \_\_\_ FRI \_\_\_ EVERY DAY \_\_\_

**PM DROP** MON \_\_\_ TUES \_\_\_ WED \_\_\_ THURS \_\_\_ FRI \_\_\_ EVERY DAY \_\_\_

**CHILD CARE PROVIDER INFORMATION (include name of day care/child care provider even if no district busing is provided)**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ EMERGENCY # \_\_\_\_\_

DISTRICT USE ONLY

Bus # \_\_\_\_\_

AM TIME:

PM TIME:

EFFECTIVE DATE:

BUS STOP:

REVISED 7/17