

**MORRIS SCHOOL DISTRICT
CHILDCARE ARRANGEMENT FORM**

SCHOOL: _____ DATE: _____

STUDENT ID NO: _____

STUDENT NAME: _____

ADDRESS: _____

HOME ADDRESS: _____

EMERGENCY PHONE: _____

REQUESTED EFFECTIVE DATE OF CHANGE: _____

*REQUESTS RECEIVED DURING THE SCHOOL YEAR WILL REQUIRE A MINIMUM OF FIVE DAYS FOR REVIEW AND POSSIBLE IMPLEMENTATION. THIS FORM EXPIRES AT THE END OF CURRENT SCHOOL YEAR. A NEW FORM IS REQUIRED EACH YEAR.

AM BABYSITTER INFORMATION:

Name: _____

Address: _____

Phone No: _____

BUS INFORMATION:

Effective Date: _____

Bus No: _____ Time: _____

Stop Location: _____

PM BABYSITTER INFORMATION:

Name: _____

Address: _____

Phone No: _____

BUSING INFORMATION:

Effective Date: _____

Bus No: _____ Time: _____

Stop Location: _____

REQUEST MUST BE FOR FIVE DAYS A WEEK FOR THE DURATION OF THE SCHOOL YEAR

	<u>APPROVAL</u>	<u>DENIAL</u>	<u>DATE</u>
School Principal	_____	_____	_____
Transportation Dept.	_____	_____	_____