

ROCKFORD AREA SCHOOLS**FORM F1****DISTRICT 883****PRESCHOOL ONLY****PRESCHOOL DAYCARE TRANSPORTATION REQUEST/CHANGE FORM**

Important: Use this form only if your PRESCHOOL child is using daycare and needs to ride the bus between the daycare location and the school

Please print and fill out this form completely:

Student LAST Name (Legal) <input type="text"/>	Student FIRST Name (Legal) <input type="text"/>	Student Middle Name <input type="text"/>	Grade <input type="text"/>
Student Address <input type="text"/> Street (Apt #) City State Zip Code		School <input type="text"/>	Gender <input type="radio"/> Male <input type="radio"/> Female

Student Contact Information

Parent/Guardian <input type="text"/>	Home Phone <input type="text"/>
Address (only if different than above) <input type="text"/>	Cell Phone <input type="text"/>

Daycare Information

Name of Daycare Provider Person or Company <input type="text"/>	Phone <input type="text"/>
Address <input type="text"/>	Email (if provided) <input type="text"/>

Daycare Transportation Needs

Please Check all that apply:

AM Pick up Mid Day Drop Off Mid Day Pick Up PM Drop Off

Beginning Date: Ending Date:

I realize it is my responsibility to bring my child to and from this daycare site. I do hereby agree to save the School District for any damage resulting from granting this request.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date