

DISTRICT 883

DAYCARE TRANSPORTATION REQUEST/CHANGE FORM

Important: Use this form only if you 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 <input type="radio"/> Pick up <input type="radio"/> Drop Off			
Beginning Date:	<input type="text"/>	Ending Date:	<input type="text"/>

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