

Lower Dauphin School District  
Transportation Department  
291 E. Main St.  
Hummelstown, PA 17036

**REQUEST FORM FOR PICK-UP OR DROP-OFF CHANGE FOR CHILDCARE**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Care Providers Name: \_\_\_\_\_  
**(Required)**

Care Providers Address: \_\_\_\_\_  
**(Required)**

Care Providers Phone: \_\_\_\_\_  
**(Required)**

AM Pick Up \_\_\_\_\_

PM Drop Off \_\_\_\_\_

Parent or  
School Officials Signature \_\_\_\_\_ Date \_\_\_\_\_

Date you would like to see the change take effect - \_\_\_\_\_ (Child must continue to use their assigned stop until notified that the change has been approved and arranged.)

Transportation will be provided from one AM location and one PM location. These locations **must** be the same all 5 days of the week. We are unable to provide split week transportation or transportation to Child Care Providers outside of our district or your child's attendance area. Only one change per year is permitted.

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**For Transportation Use Only**

**Approved:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Date:** \_\_\_\_\_ **Approved By:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**To School**

**From School**

Bus No. \_\_\_\_\_

Bus No. \_\_\_\_\_

Stop Name \_\_\_\_\_

Stop Name \_\_\_\_\_

Stop Time \_\_\_\_\_

Stop Time \_\_\_\_\_