GATEWAY REGIONAL SCHOOL DISTRICT
12 Littleville Road
Huntington, MA 01050
(413) 685-1016 Telephone
(413) 667-8739 Fax

Dr. Melissa Matarazzo — **Superintendent**

Amy Mason — **Business & Financial Officer**

DAYCARE TRANSPORATION FORM
2025-2026

Student Name:_____ Grade:_____

Home Address:_____ Parent Phone:_____

School Attending: Littleville Chester Middle School High School

My child_____ will have daycare at _____
Student Name Provider & Phone Number

located at _____for the 2025-2026 school year.
Daycare Address

He/She will be **picked up** in the morning at: (circle one) home daycare

He/She will be **dropped off** in the afternoon at: (circle one) home daycare

*****Daycare arrangements to an alternate pick up or drop off location must be the same location Monday thru Friday in the morning and/or afternoon 5 days a week.**

Daycare forms should be returned to your school secretary no later than June 21st.

***Daycare arrangements are allowed provided it does not overload the bus or have the bus deviate from its route. These arrangements will be approved by the Business and Finance Officer.

Buses are not allowed to make **unscheduled stops** other than what is specified on their route sheet.

Parent/Guardian Signature:_____Date:_____

Bus #_____Bus Stop:_____