Custodial Care Form

Transportation Department
1097 Bassett Road
Westlake, OH 44145
440-250-1440

Dear Parent/Guardian: Date: _____

In order for the Westlake City Schools Transportation Department to provide transportation to and from a location other than their home address, this form must be completed. The Transportation Department will transport the child if the following criteria are met.

1. The childcare provider is within the designated area for transportation to/from the school of attendance.
2. The child must be transported to/from the childcare provider 5 days a week.

For service to start at the beginning of the school year, the completed form must be received by the Transportation Department prior to July 10th. Forms received after July 10th will not go into effect until September 8th, 2026. *Forms received after September 8th, 2025 will take a minimum of 5 working days to go into effect.*

(Please Print)

Child's Name _____

Home Address _____ Phone _____

School _____ Grade _____

Childcare Provider's Name _____

Childcare Provider's Address _____

Childcare Provider's Signature _____ Phone _____

When will your child be at the childcare provider? **CIRCLE ONE**

Before & After School Before school ONLY After school ONLY

Mother's Name _____ Work or Cell Phone _____

Father's Name _____ Work or Cell Phone _____

For any changes or cancellation during the school year, please notify the Transportation Department in writing prior to the change and/or cancellation.

Forms are effective for the current school year only.

Please complete the entire form and return to the Transportation Department.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

**********DEPARTMENT USE ONLY**********

Received _____ *Start date* _____

Approved _____ *Disapproved* _____ *Bus Information* _____

Parent Notified _____ _____