Child Care Transportation Request

RETURN COMPLETED FORM TO
Durham School Services, Transportation Department
1601 Black Hawk Street, Waterloo, IA 50702 ◆ 319.291.4879
transportation@waterlooschools.org

Transportation of an Elementary or Middle School (non-high school) student(s) to and from school for a student(s) who attends daycare may be provided when all of the following conditions are met:

1. The student is an Elementary or Middle School student.
2. The student attends a child care facility; that is a ***licensed child care center, a preschool, or a registered child development home.***
3. The ***residence of the student*** is more than two (2) miles (middle school) or more than one (1) mile (elementary school) from the student's boundary school.
4. The child care facility is in an area that transportation can be serviced within the school's attendance boundaries **and** is also two (2) miles (middle school) or more than one (1) mile (elementary school) from the student's attendance center. **The child care center location must be within the student's boundary school.**
5. Written authorization will be received by the parents/guardians. A copy will be kept at both the student's school of attendance and First Student.

The request shall be submitted for a period of time of at least one semester and may not be submitted more than twice during a school year.

By signing this application, you are acknowledging that you have read and understand the terms listed above.

_____
Parent(s) Signature

Today's Date: _____ ***REQUESTED START DATE***: _____

_____ _____ _____
Parent(s) Name – Please Print | Home Address | Phone #

_____ _____ _____
City | Zip Code | Phone # - Other

_____ _____ _____
Student's Name | School of Attendance | Grade

_____ _____ _____
Student's Name | School of Attendance | Grade

_____ _____ _____
Student's Name | School of Attendance | Grade

A.M. Transportation ***(From Child Care Facility)*** _____ _____ _____
Facility Name | Street Address | Phone

P.M. Transportation ***(To Child Care Facility)*** _____ _____ _____
Facility Name | Street Address | Phone

My student has an IEP that includes transportation ☐ Yes ☐ No (Please indicate which student(s) with an asterisk* above)

Transportation Department Use ONLY

Date Received: _____

Request Denied (Reason) _____ Staff Initials _____

Request Approved ☐ A.M. Route # _____ A.M. Stop _____ A.M. Time _____

Request Approved ☐ P.M. Route # _____ P.M. Stop _____ P.M. Time _____

Date to Begin Transportation _____ **Date to Stop Transportation** _____

Date Parent Notified _____