Conestoga Valley
SCHOOL DISTRICT

2026-2027 CHILDCARE PROVIDER/CUSTODY TRANSPORTATION REQUEST

Today's Date: _____ School your student attends: _____

Student's Name: _____ Grade: _____

Home Address: _____

Child-care Provider/Custody ALTERNATE ADDRESS INFO:

RESPONSIBLE ADULT at Alternate Address (Name): _____

Phone: _____

Complete Street Address: _____

_____

Check when transportation is needed to the above address:

AM Pickup: M ☐ T ☐ W ☐ TH ☐ F ☐

PM Drop off: M ☐ T ☐ W ☐ TH ☐ F ☐

Location of bus stop on early dismissal days: home ☐ alternate address ☐

Start Date: _____ End date: _____

PARENT/GUARDIAN INFORMATION:

Name: _____ Phone(s): _____

PARENT/GUARDIAN Email address: _____

Parent/Guardian Signature: _____

*This request may be denied based on bus capacity limits. Changes require up to **five** school days to implement. This form must be updated and completed each school year. Confirmation of transportation will be sent via email to the above email address and to the school office.*

Please complete and return to the building your student attends. This form must be approved by building administrators prior to transportation changes.

Administrator Approval: _____ **Date:** _____

Administrator – please review, sign and send to CV Service Center for transportation processing