SPRING-FORD AREA SCHOOL DISTRICT
CHILDCARE/DAY CARE TRANSPORTATION REQUEST FORM
CURRENT SCHOOL YEAR 2026-27

This form is to be submitted when a student will be at a location other than their residence for childcare. The District will only transport within the school's attendance boundary that the child attends and the closest designated stop. If your Child Care Provider is within the walking boundary of the attending school, student is classified as a walker. *(A list of the Child Care Centers for each attendance boundary can be found on the Website under "Parents" in the "Day Care Programs".*

Please remember arrangements are for every school day during the current school year. Before school pickup location can be a different location from the after school drop off location. Requests which are occasional rather than regular or involve only a portion of a week will not be approved. Alternate arrangements for any reason are the responsibility of the parents.

The form is to be submitted each year before the end of JUNE for the next school year. Submit this form to the attending school or email form to: Bussing@spring-ford.net. Allow seven school days for processing. If submitted during the school year, the attending school will contact the parent with the start date and bus information once the request has been approved and the transportation is in order.

**** No more than 3 requests for change in location for child-care arrangements will be granted per school year. ****

Date (Today): _____ Start Date being requested: _____

School Attending: _____ Grade: _____

Student Name: _____ Parent Work Phone: _____

Home Address: _____ Home Phone: _____

1st – 6th GRADE STUDENT CHILD CARE/DAY CARE INFORMATION

*****Please check if one or more of the following statements apply**
(___) Before school bus stop will be closest to home // **(___)** After school bus stop will be closest to home
(___) Before school parent will transport // (___) After school parent will transport

Before School Child Care Provider_____Contact Phone: _____

Provider's Address_____

After School Child Care Provider_____Contact Phone: _____

Provider's Address_____

***KINDERGARTEN CHILD CARE/DAY CARE INFORMATION**

Select one: **_____Morning Kindergarten (9:00-11:40)** **_____Afternoon Kindergarten (1:00-3:40)**

*****Please check if one or more of the following applies**
(___) Before school bus stop will be closest to home // **(___)** After school bus stop will be closest to home
(___) Before school parent will transport // (___) After school parent will transport

Before School Child Care Provider_____Contact Phone: _____

Provider's Address_____

After School Child Care Provider_____Contact Phone: _____

Provider's Address_____

I acknowledge and understand that a request must be submitted EACH YEAR for approval.

_____ _____
Parent/Guardian Signature Date