

P-CCS Transportation Department: Request for Daycare Busing

Date: _____

School: _____

Please fill out this form completely (**must be 5 days a week**). Complete one form for each school.

Students may not change bus stops without prior notification and approval from the Transportation Department.

Transportation will not be included for students who are granted a Parent Requested Assignment.

By completing this form, I hereby request permission and accept responsibility for my child(ren) listed below to be granted the following transportation changes.

Parent Name: _____

Student Name: _____

Student Name: _____

Address: _____

Phone Number: _____

Daycare Information:

Provider Name: _____

Address: _____

Phone Number: _____

☐

AM

☐

PM

☐

Both

Start Date: _____

Parent Signature: _____

The daycare address must be within the same school attendance boundary as your home address.

If your child should need to change back to the home stop, you must contact the Transportation Department 3 days prior to riding from the different stop.

This form is to be completed each school year.

**PLEASE SEND THE COMPLETED FORM TO MICHAEL.LAUBERND@PCCSK12.COM
OR MAIL TO 1024 S. MILL STREET, PLYMOUTH, MI 48170**

OFFICE USE ONLY:

1st Address Bus # _____

2nd Address Bus # _____