

CHILDCARE BUS STOP REQUEST FORM

Student Name _____

School Attending _____ Grade _____

Name of Childcare Provider {Name, Address & Phone Number}:

{Examples: Day Care, Latchkey, Baby-sitter, etc. *****Please note: Your child will be assigned to the district's APPROVED bus stop nearest to your Childcare provider*****}

When will this stop be used?: **AM only / PM only / or BOTH AM & PM**
(please circle one)

Parent / Guardian Name(s) _____

Your relationship to student _____

Email and Telephone Number _____

Signature _____ Date _____