

SCHOOL/ _____ GRADE _____
AGENCY _____

DAY CARE BUS REQUEST FORM 2025-2026

NOTE: DAY CARE TRANSPORTATION MUST BE 5 DAYS A WEEK AT THE SAME LOCATION AND ON THE SAME BUS. ANY CHANGES DURING THE YEAR TO THIS ARRANGEMENT MUST BE IN WRITING.

Section A- Parent

Date _____

I am requesting that _____
(Student name)

Be picked up at this daycare before school ☐

Be dropped off at this daycare after school ☐

Day Care address _____

Signature of parent _____

Parent Telephone #: Home _____ Cell _____

Section B- Day Care Provider

As the day care provider for the above student, I accept the responsibility for this child to

Be picked up at this daycare before school ☐

Be dropped off at this daycare after school ☐

Day Care Provider Name (Print) _____

Day Care Provider Signature _____

Day Care telephone number: _____ cell _____

Section C- Please End Daycare

(Sign here only to end your daycare arrangement)

Parent Signature _____ Date _____

MUST BE RESUBMITTED YEARLY STARTING JUNE 1st
FAX – 447-7573