SCHOOL/	GRADE_
AGENCY	

DAY CARE BUS REQUEST FORM 2025-2026

<u>NOTE</u>: 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 O	
Be dropped off at this daycare after school O	
Day Care address	
Signature of parent	
Parent Telephone #: Home	Cell
Section B- Day Care Provider	
As the day care provider for the above student, for this child to	, I accept the responsibility
Be picked up at this daycare before school O	
Be dropped off at this daycare after school O	
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