

STUDENT TRANSPORTATION CHILD CARE REQUEST FORM

STUDENT NAME	EFFECTIVE DATE
SCHOOL	GRADE
CHILD CARE PROVIDER NAME	PHONE
CHILD CARE PROVIDER ADDRESS	
<p>TRANSPORTATION TO BE PROVIDED:</p> <p><input type="checkbox"/> TO SCHOOL FROM THE CHILD CARE PROVIDER Mon Tue Wed Thu Fri</p> <p><input type="checkbox"/> TO THE CHILD CARE PROVIDER FROM SCHOOL Mon Tue Wed Thu Fri</p> <p><input type="checkbox"/> BOTH TO AND FROM SCHOOL Mon Tue Wed Thu Fri</p>	
<p>CUSTODIAL PARENT _____ ADDRESS _____ DATE _____</p>	
<p>RESPONSIBILITY ACCEPTED BY _____ DATE _____</p> <p style="text-align: center; margin-left: 150px;"><small>Child Care Provider Signature</small></p>	
SHARED PARENTING:	
MOTHER'S ADDRESS _____	PHONE _____
FATHER'S ADDRESS _____	PHONE _____