

CHILD CARE TRANSPORTATION REQUEST

FOR 2024-25 SCHOOL YEAR ONLY

Child's Name (PRINT): _____ Grade: _____ 2024-2025

2024-2025 School: _____

Parent/Legal Guardian: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Childcare Provider Address Must Be in the Same Attendance Area as the Child's School if requesting Christina Transportation.

Name of Childcare Provider: _____

Date Pickup/Drop Off Requested to Begin: _____ Telephone #: _____

Address of Childcare Provider: _____

City: _____ State: _____ Zip Code: _____

Childcare Provider's Signature (REQUIRED): _____ Date: _____

For Parent / Legal Guardian:

I hereby affirm my child will be cared for by the above name childcare provider beginning: _____

Bus **Pick-up** Location: (SELECT ONE)

Home Address: _____

OR

Childcare Provider: _____

Bus **Drop-off** Location: (SELECT ONE)

Home Address: _____

OR

Childcare Provider: _____

Parent's Signature (Required): _____ Date: _____

*** AN INCOMPLETE FORM WILL NOT BE PROCESSED - Return completed Form to your Child's School ***

SCHOOL AUTHORIZATION

Home address verified ____ (please initial) Childcare provider resides in feeder ____ (please initial)

If no, state exception: _____ (i.e., Choice/Educational Placement)

Approved on: _____ By: _____

Upon completing school verification, submit copy to Transportation Department, copy to student's cumulative and keep original on file in main office.