

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.*