

**CHILD CARE TRANSPORTATION REQUEST**

**FOR 2020-2021 SCHOOL YEAR ONLY**

Child's Name (PRINT): \_\_\_\_\_ Grade: \_\_\_\_\_ 2020-2021

2020-2021 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: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Childcare Provider's Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

**For Parent/Legal Guardian:**

I hereby affirm that my child will be cared for by the above named childcare provider beginning: \_\_\_\_\_

<p><u>Bus Pick -up Location:</u> (Select One)</p> <p>Home Address: _____</p> <p>Or</p> <p>Childcare Provider: _____</p>
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<p><u>Bus Drop-off Location:</u> (Select One)</p> <p>Home Address: _____</p> <p>Or</p> <p>Childcare Provider: _____</p>
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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: \_\_\_\_\_ (Signature)

Upon completing school verification, keep original on file.