

CHILD CARE TRANSPORTATION REQUEST

FOR 2022-2023 SCHOOL YEAR ONLY

Child's Name (PRINT): _____ Grade: _____ 2022-2023

2022-2023 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: _____

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: _____ (Signature)

Upon completing school verification, keep original on file.

THIS REQUEST WILL NOT BE PROCESSED WITHOUT CONFIRMATION OF PROOF OF RESIDENCE