

CHILD CARE TRANSPORTATION REQUEST

FOR 2023-2024 SCHOOL YEAR ONLY

Child's Name (PRINT): _____ Grade: _____ 2023-2024

2023-2024 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.