

Transportation/Child Care Information (Grades PreK-6th Grade Only)

EACH STUDENT MUST HAVE A COMPLETED FORM

Your child's school needs the following information for transportation and other important records. Please complete and return this form to your child's assigned school. **This form will be a permanent record at your child's school and the Transportation Department. A new form must be completed if there are any changes in transportation plans.**

Child's Name _____ School _____

Teacher _____ Pre-K/Kindergarten – AM _____ PM _____ Grade _____

Address _____ Home Phone _____

Mother's Name _____ Employer _____ Wk. Ph. _____ Cell Ph. _____

Father's Name _____ Employer _____ Wk. Ph. _____ Cell Ph. _____

<p><u>Bus to School</u> Please pick up my child at: (Check for each day)</p> <p>Monday Home _____ Child Care _____ Tuesday Home _____ Child Care _____ Wednesday Home _____ Child Care _____ Thursday Home _____ Child Care _____ Friday Home _____ Child Care _____</p> <p><u>Bus from School</u></p> <p>Monday Home _____ Child Care _____ Tuesday Home _____ Child Care _____ Wednesday Home _____ Child Care _____ Thursday Home _____ Child Care _____ Friday Home _____ Child Care _____</p> <p><u>Child Care Provider will transport a.m./p.m. (Circle)</u></p> <p>Child Care Provider _____ Provider's Address _____ Provider's Phone _____ Date Effective _____</p>	<p><u>My child attends the YMCA Latchkey program at my school: (Check for each day)</u></p> <p><u>Before School:</u> Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____</p> <p><u>After School:</u> Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____</p> <p><i>Use this box only if your child attends the YMCA Latchkey program (if available). This means your Child will NOT ride the bus on the days checked.</i></p>	<p><u>Car Rider:</u></p> <p><u>Before School:</u> Monday Drop Off Tuesday Drop Off Wednesday Drop Off Thursday Drop Off Friday Drop Off</p> <p><u>After School:</u> Monday Pick Up Tuesday Pick Up Wednesday Pick Up Thursday Pick Up Friday Pick Up</p>
--	--	---

Additional Information _____

Parent's Signature _____ Date _____

For School Office Use Only	20__-20__ School Year	Date Received by School Office: _____
Grade _____ Room # _____	Teacher _____	Family # for Car Riders _____
Child Care Provider Bus # _____	Home Bus # _____	Date Sent to Transportation _____

- Notes:**
- Transportation provided by the district may be provided to a maximum of two (2) separate addresses/locations.
 - There must be someone present to meet the Pre-K-2 children at the time the bus drops that student at the assigned location.
 - This form is only valid for students in grades Pre-K through 6th grade. Only Pre-K students with an IEP with transportation service as a related service are eligible.