SPRING-FORD AREA SCHOOL DISTRICT CHILD CARE/DAY CARE TRANSPORTATION REQUEST FORM CURRENT SCHOOL YEAR 2022-23

This form is to be submitted when a student will be at a location other than their residence (Child Care Center). The District will only transport to the Child Care Centers within the school's attendance boundary that the child attends. If your Child Care Center is within the walking boundary of the attending school, student is classified as a walker. (A list of the Child Care Centers for each attendance boundary can be found on the Website under "Parents" in the "Day Care Programs".

Please remember arrangements are for every school day during the current school year. Before school pickup location can be a different location from the after school drop off location. Requests which are occasional rather than regular or involve only a portion of a week will not be approved. <u>Alternate arrangements for any reason are the responsibility of the parents</u>.

The form is to be submitted each year <u>before the end of JUNE</u> for the next school year. Submit this form to the attending school or email <u>Lsand@spring-ford.net</u> & <u>Vpuco@spring-ford.net</u> and allow seven school days for processing. If submitted during the school year, the attending school will contact the parent with the start date and bus information once the request has been approved and the transportation is in order.

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Date (Today):	Start Date: (7 school days after su	bmission of form)	
School Attending:	Grade:		
Student Name:		Parent Work Phone:	
Home Address:		Home Phone:	
<u>1st – 6th</u>	GRADE STUDENT CHILD CARE/DAY C	ARE INFORMATION	
	ore of the following statements applywill be closest to home // () After schoill transport// () After scho		
Before School Child Care Provider_		Contact Phone:	
Provider's Address			
After School Child Care Provider		Contact Phone:	
Provider's Address			
<u>*KI</u>	NDERGARTEN CHILD CARE/DAY CARE	E INFORMATION	
Select one:	Morning Kindergarten (9:00-11:40)	Afternoon Kindergarten (1:00-3:40)	
*** Please check if one or m () Before school bus stop () Before school parent w	will be closest to home // () After scho	ol bus stop will be closest to home l parent will transport	
Before School Child Care Provider		Contact Phone:	
Provider's Address			
After School Child Care Provider		Contact Phone:	
Provider's Address			
		ACH YEAR for approval.	

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