SPRING-FORD AREA SCHOOL DISTRICT
CHILD CARE/DAY CARE TRANSPORTATION REQUEST FORM
CURRENT SCHOOL YEAR 2020-21

This form is to be used when a student will be at a location other than their residence at a 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 "For 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. Alternate arrangements for any reason are the responsibility of the parents.

This request EXPIRES at the end of each school year. The form is to be submitted each year before the end of JUNE. Submit this form to the attending school and allow seven 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.

**** No more than 3 requests for change in location for child-care arrangements will be granted per school year. ****

Date (Today): _____ Start Date: (5 school days after submission of form)_____

School Attending: _____ Grade: _____

Student Name: _____ Parent Work Phone: _____

Home Address: _____ Home Phone: _____

1st – 6th GRADE STUDENT CHILD CARE/DAY CARE INFORMATION

*****Please check if one or more of the following statements apply**
(___) Before school bus stop will be closest to home // **(___)** After school bus stop will be closest to home
(___) Before school parent will transport // (___) After school parent will transport

Before School Child Care Provider_____Contact Phone: _____

Provider's Address_____

After School Child Care Provider_____Contact Phone: _____

Provider's Address_____

***KINDERGARTEN CHILD CARE/DAY CARE INFORMATION**

Select one: _____Morning Kindergarten (9:00-11:40) _____Afternoon Kindergarten (1:00-3:40)

*****Please check if one or more of the following applies**
(___) Before school bus stop will be closest to home // **(___)** After school bus stop will be closest to home
(___) Before school parent will transport // (___) After school parent will transport

Before School Child Care Provider_____Contact Phone: _____

Provider's Address_____

After School Child Care Provider_____Contact Phone: _____

Provider's Address_____

I acknowledge and understand that a request must be submitted EACH YEAR for approval.

_____ _____
Parent/Guardian Signature Date