SPRING-FORD AREA SCHOOL DISTRICT
CHILD CARE/DAY CARE TRANSPORTATION REQUEST FORM
CURRENT SCHOOL YEAR 2016-2017

This Request form is to be used when a student needs arrangements to a Child Care/Day Care provider other than the student's home address. The request must be within the school's attendance boundary that the child attends. If your Day Care provider is within the walking boundary of the attending school, student would be classified as a walker. *(A list of the Day Care providers for each attendance boundary can be found on the Website in the "Day Care Programs", listed under "For Parents")***.**

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 JULY. 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. ****

Start Date: _____ School Attending: _____ Grade: _____

Student Name: _____ Parent Work Phone: _____

Home Address: _____ Home Phone: _____

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

Before School Child Care Provider_____Contact Phone: _____

Pickup Address_____

After School Child Care Provider_____Contact Phone: _____

Drop Off Address_____

*KINDERGARTEN CHILD CARE/DAY CARE INFORMATION

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

Before School Child Care Provider_____Contact Phone: _____

Pickup Address_____

After School Child Care Provider_____Contact Phone: _____

Drop Off Address_____

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

_____ _____

Parent/Guardian Signature Date