

UPPER PERKIOMEN SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
CHILD CARE REQUEST FORM

Requests for alternative stop locations must be submitted each school year. Stop location will return to home address at the end of every school year. **Please review the rules and regulations on the back of the form.**

HOME BUS STOP INFORMATION:

Student's Name: _____ Parent/Guardian: _____

Home Address: _____

Home Phone Number: _____ School Attending: _____

Cell/Work Number: _____ Grade: _____

Current Bus Stop: _____ Current Bus # _____

CHILD CARE BUS STOP INFORMATION:

REQUESTED START DATE: _____

Child Care Provider: _____ Phone Number: _____

Child Care Address: _____

Bus Stop: _____

(List stop location if known, must be an existing stop)

Carefully select the am/pm slots:

Home to School School to Home

Child Care to School School to Child Care

Parent/Guardian Signature: _____ Date: _____

.....
OFFICE USE ONLY

Approved _____ Not Approved _____ Effective Date _____

Date School Notified: _____ Date Parent/Guardian Notified: _____

10.05.15