Form S-32C (Rev. 2011)

Routing:
_____ Transportation (original)
_____ Building Principal (copy)
_____ Bus Driver (copy)

CLOVERLEAF LOCAL SCHOOLS

Transportation Request Form
School Year 2011-2012

Date Received_________________

Dear Parent/Guardian:

In order for your child to be picked up/dropped off at a private sitter or day care center, this form must be completed and returned to your child's school or the Cloverleaf Transportation Department.

CHILD'S NAME____ PHONE_____________________________

SCHOOL OF ATTENDANCE____ GRADE______________

HOME ADDRESS____ CITY________________________

PARENT/GUARDIAN______________________________________ WORK PHONE______________________

When will your child be in the care of a private sitter/childcare? Start Date____________________________

_______Before School _______After School _______Before & After School

*If Kindergarten: _______AM Drop-off _______PM Pick-up

*AM/PM kindergarten students must be picked up/dropped off in his/her own bus area.

DAYCARE/SITTER NAME____

DAYCARE/SITTER ADDRESS____

DAYCARE/SITTER TELEPHONE ____

PLEASE NOTE

1. Requests must be for FIVE DAYS PER WEEK TO THE SAME ADDRESS.
   The AM locations may or may not differ from the PM location.
   DAY TO DAY CHANGES WILL NOT BE ALLOWED.
2. Routes will not be changed to accommodate requests.
3. Requests will be handled in the order received and will only be granted if there is room on the bus.
4. **FIVE DAY** notice must be given for requests and changes.
5. Emergency requests will be handled with a bus pass issued by the building principal.

I have read the above policies and agree.

____

Parent/Guardian Date

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Office use only:

_______**APPROVED TO BEGIN** **AM BUS#_________** **PM BUS#_________**