

CLOVERLEAF LOCAL SCHOOLS
 Transportation Request Form
 School Year 2018-2019

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

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 Preschool: _____ AM Drop-off _____ PM Pick-up

*AM/PM Preschool 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. **TWO 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

Office use only:

_____ **APPROVED TO BEGIN**

AM BUS# _____

PM BUS# _____